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# THE HEALTH OF NORTHAMPTON 1967

*ANNUAL REPORT of Medical Officer of Health,  
Principal School Medical Officer, and  
Welfare Administrator*



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Principal School Medical Officer, and  
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## INTRODUCTION

The year covered by this Report has been a particularly heavy and eventful one for the Department. The sudden and unexpected deaths of my Deputy, Dr. Holloway on 10th January, 1967, and Dr. Parkinson, Senior Assistant Medical Officer in charge of the Maternity and Child Welfare Service, on the 5th June, 1967, were great personal losses. It is not easy for a modest sized department to withstand tragedies of this nature in its senior staff and we extend our sincere sympathies to their widows and young families. Dr. McKnight commenced as Deputy on the 1st June, 1967, but unfortunately it was not possible to fill the post of Senior Assistant Medical Officer during the year owing to the ban on advertising of public health medical officer posts.

### *Vital Statistics*

The principal vital statistics are shown in the following table:

	<i>Northampton</i>		<i>England and Wales</i>
	<i>1966</i>	<i>1967</i>	<i>1967</i>
Live birth-rate (per 1,000 population)	18.5	18.0	17.2
Death-rate (per 1,000 population) ..	12.2	12.1	11.2
Stillbirth rate .. .. .	13.1	13.5	14.8
Perinatal mortality rate .. .. .	19.7	24.2	25.4
Infant mortality rate .. .. .	12.4	20.5	18.3

With the exception of the figures relating to infant and perinatal mortality the vital statistics for the year can be considered satisfactory. The birth-rate fell slightly from 18.5 in 1966 to 18.0 and the death-rate also fell from 12.2 in 1966 to 12.1. These figures compare with 17.2 and 11.2 respectively for England and Wales during 1967. The still-birth rate rose from 13.1 in 1966 to 13.5. The rise in the number of infants dying during the first year of life from 28 in 1966 to 45 and the consequent increase in perinatal mortality rate from 19.7 to 24.2 and the infant mortality rate from 12.4 to 20.5 is discouraging and the causes are analysed in Section 1 of the Report. There is no doubt that these statistics are very delicate indices and can fluctuate quite considerably from year to year. There was one maternal death during the year.

The most frequent causes of death were arteriosclerotic and degenerative heart disease (596), cancer (274), vascular complications of the central nervous system (217) and bronchitis (61). There was an increase in deaths from pneumonia from 71 to 92, whereas deaths attributable to cancer of the lung fell from 75 to 51.

The percentage of parents accepting vaccination and immunisation procedures for their children still leaves much to be desired and special efforts are being directed to improve the position. Unfortunately computer assistance has not yet materialised and is unlikely to be available for some time.

## *Management in Local Government*

The application of management skills to the administration of a Health Department may not be immediately obvious, yet proper skills and techniques are necessary to ensure that a department achieves its given objectives with the minimum of resources. In business where management techniques have been developed, the objective is presumably to ensure the continued profitable growth of the Company, and indeed may well be largely concerned with cutting down less profitable activities and expanding the more profitable lines (this is also in evidence at national level, e.g. railways). Since the exercise of these skills has produced some startling results there has been tendency to advocate the application of management techniques to local government.

The Health, Welfare and Social Services are, however, not analogous to commercial enterprise since in these services there is no end product that can be assessed in terms of profit or loss in the actuarial sense. Local authorities have statutory obligations laid upon them by Parliament to provide services to the public and they cannot wilfully cut down or fail to provide these services merely because they are unprofitable.

The Health and Welfare Services of local authorities cater predominantly for dependent groups, e.g. infants, expectant mothers, school children, physically and mentally handicapped persons and the elderly. All the evidence indicates that with more babies surviving the birth process, more mentally and physically handicapped children are to be expected and that with the increase in the general expectation of life, an increase in number of elderly, particularly the infirm and frail elderly, must also be expected. In addition, more elaborate and sophisticated services and a higher standard in the training of staff are required to meet the needs of these groups. This means a continuing expansion of the services if present standards are to be maintained let alone improved.

Increasingly central government is off-loading responsibility for care of patients onto the community and encouraging local authorities to provide residential accommodation, social clubs, etc., for those not requiring specialised medical and nursing care in hospital.

Local authorities have only recently begun to play a significant part in the domiciliary care of the mentally disordered. The increasing scope of these services can be measured by the rate at which expenditure has risen in recent years. When one considers that four years ago the only provision for mentally handicapped persons in Northampton was a joint Training Centre offering places for sixty adults and children at a cost to the ratepayer of £11,455 per annum, whereas today a new Adult Training Centre providing accommodation for 100 (£35,855); a Hostel for seventeen (£11,755); a Special Care Unit for twenty severely handicapped children (£10,055) and Junior Training Centre for fifty children (£11,225), at a total cost to the ratepayer of £68,920 per annum, or that the cost of transporting and caring for one severely handicapped child in the Special Care Unit is in the region of £3 7s. 0d. per day, one becomes very cost conscious and reviews the many factors



involved—transport, staffing, catering, equipment, heating and not the least important in a new establishment, repayment of debt charges—to ensure that all aspects are reasonable and justified and it is in this field that management skills have a contribution to make.

It is important for every chief officer in planning and administering the services for which he is responsible to assess the demand for new services; to reappraise the need for existing ones; to determine priorities; to set clearly defined objectives and ensure efficient and effective use of staff, thus making the best use of the financial resources available.

Most chief officers spend up to 50% of their time on administration and whilst it is vital for a chief officer to know about administration, the application of computers, cost analysis, job analysis, etc., increasingly this aspect has been transferred to qualified administrative staff, leaving the chief officer free to deal with the overall planning and review of the services provided. The ways of ascertaining needs, the planning of services to meet these needs, the determination of priorities, the setting of objectives, and effective use of staff are all essential aspects of good management.

### *Capital Building Programme*

The only project to materialise during the year was the Hostel for mentally handicapped persons. Approval in principle had been received for the multi-purpose clinic in Welford Road, cost limits had been agreed and authority obtained for seeking tenders but because of the financial situation at the end of the year it was necessary to delay this project. Tenders for Old Persons Home on Lakeview Estate were received towards the end of the year and it is hoped that building will commence early in the new year.

### *Domiciliary Nursing Service*

On the 1st April the District Nursing and Midwifery Services, formerly provided by the Northampton Branch of the Queen's Institute of District Nursing were transferred to the Authority. I would like to express my Council's appreciation for the services provided on behalf of the Council by the Northampton Branch since 1948.

Towards the end of the year consideration was being given to a scheme for attachment of district nurses to family doctors similar to the scheme already in being for health visitors.

The fall in the number of domiciliary confinements from 369 to 261 caused considerable concern. It is necessary to employ four full-time midwives to provide complete cover for twenty-four hours seven days per week. This number of confinements barely justifies the employment of this staff, particularly when the demands of the pupil midwives are taken into account. Further, when staff is on holiday or ill, it is difficult to provide an adequate service. Discussions have been held with the Senior Consultant Obstetrician and the Local Obstetric Committee in order to safeguard the Domiciliary Midwifery Service, otherwise it will be impossible to maintain a pupil midwifery training scheme or ensure



continuation of the schemes for early discharge from the Barratt Maternity Hospital and St. Edmund's Maternity Unit or guarantee the availability of a midwife for every home confinement.

During the year a complete change-over to the use of sterile disposable outfits by domiciliary midwives ensured a standard of home confinement in keeping with modern midwifery practice.

### *Welfare*

The official opening of Gladstone Centre was graciously performed by Her Royal Highness Princess Marina on the 14th March and the occasion was enjoyed by all who were present. The number of handicapped persons attending the Centre increased as the two vehicles with special loading facilities became available and the scope and nature of the work and the activities of the Centre increased. At the end of the year twenty-four handicapped persons were in regular attendance and the Centre was being increasingly used by the voluntary organisations.

Discussions with the officers of the Ministry of Labour, Industrial Advisers to the Blind and representatives of local industry and commerce concerning the need for a sheltered workshop for sighted registered disabled persons in the Northampton area, continued during the year. The Ministry of Labour have accepted that there is a sufficient number of eligible and suitable registered disabled persons to justify the provision of a small sheltered workshop. An 'ad hoc' planning committee has been formed to look into the siting and planning of the workshop and the availability of suitable types of work and to advise the Authority on these points.

The Health Committee agreed to the introduction of two warden supervised schemes for the elderly, one on a pre-war housing estate and the other on a modern estate in the course of construction.

### *Health Centres*

In April the Health Committee agreed that the four multi-purpose clinics included in its Capital Building Programme should be re-designated 'Health Centres' and the Local Executive Council was approached. Despite the circular from the Minister of Health on 5th May commending Health Centres, the Executive Council indicated that there was, at the present time, no demand from general practitioners in Northampton for such facilities. There seems little doubt, however, that as central redevelopment proceeds and as town expansion progresses, more favourable consideration will need to be given to Health Centres.

### *Mental Health Service*

The Joint Social Work Scheme with St. Crispin Hospital Management Committee, which was agreed in principle in 1965, was finally implemented on 1st October, 1967, when the Hospital Management Committee indicated that finances were at last available. One looks forward to a much closer co-operation between the staffs of the Local Authority and Hospital for the benefit of the patients and their relatives.

### *Environmental Health*

The Council's five-year clearance programme has proceeded according to plan but there is ample evidence at the Public Inquiries of the resistance to the whole idea of clearance of these older unfit houses. It is unfortunate that this activity is still referred to by some people as 'slum clearance' since this causes much distress to the inhabitants of these areas. The idea that a town like Northampton has no 'slums' is basically correct. There are, however, hundreds of houses that are not only lacking amenities such as internal toilets, running hot water, wash-hand basin or fixed bath, but have outlived their useful life and are undoubtedly unfit by the standards at present in use. The first Improvement Area comprising 100 houses was represented during the year. There is little doubt that in a town like Northampton with a high proportion of owner/occupiers the present legislation is quite inadequate.

### *Health Education*

Various activities have been undertaken in this field despite the slender resources of the Department. An 'in-service' training course for professional staff was held during the winter session. The Food Hygiene Courses have continued in association with the College of Technology. Numerous talks have been given by members of staff, in schools and to voluntary organisations. The acquisition of a 16 mm. film projector and tape recorder should assist the Department considerably with its efforts in the field of health education.

The subject of drug taking aroused considerable concern during the year and following discussions with the local Constabulary a special report was submitted to the Health Committee on the nature and size of the problem in Northampton. Fortunately there is little activity in this field in the town. A special meeting was held with head teachers of senior schools to discuss the subject.

### *Health Checks*

At a time when medical resources are at a premium the concept of screening techniques for pre-symptomatic diagnosis appears to have much to commend it. A simple technical examination or test is available which can detect an illness before the patient can even suspect it and well before it can be clinically recognised by the medical attendant. If left to ordinary methods of diagnosis it would require the expenditure of a large amount of medical man-power and the patient may well be in an advanced stage of the disease before it was recognised.

The case for screening seems unassailable yet as knowledge of the various screening techniques has accumulated, certain problems have come to light:

- (1) Our inadequate knowledge of the natural history and epidemiology of the disease, e.g. diabetes, cervical cancer.
- (2) Early pre-clinical diagnosis pre-supposes that this carries a greater chance of cure, although this does not necessarily appear to be so in practice. In diabetes the onset of complications

does not appear to be prevented or even delayed by early recognition and adequate treatment. In cancer of the cervix, there is, as yet, no reduction in the death rate and probably less than half of the women with pre-invasive cancer proceed to the invasive form, yet all are subjected to hysterectomy.

- (3) The difficulty of involving the treatment branches of medicine, e.g. in a survey for hypertension, one would not expect any thanks from general practitioners or hospital consultants for referring a large number of patients with moderately raised blood pressure. Indeed one might well argue that the patient was better being ignorant of this fact.
- (4) The problem of the doctor/patient relationship. If the patient consults his general practitioner in the first instance seeking advice it is easy to make an individual examination and for the doctor to counsel the patient according to the findings. A very different position could arise when a 'non-patient' attends a public session which the patient had not initiated.
- (5) Increasingly, screening techniques are being used more selectively and aimed at 'at risk' groups rather than screening of the whole population. Increasingly, however, it is being found that the most 'at risk' groups are frequently the most difficult to get to attend these sessions.

During the last two decades advances in diagnostic techniques have made community screening possible but this is only the first stage. Various surveys have uncovered problems which were not appreciated before and it is only by working towards a fuller knowledge and understanding of such diseases by survey and close co-operation between the different branches of the health service that there is any hope of better understanding and of dealing effectively with them. Meanwhile screening surveys can bring a chance of treatment and possible cure to a larger number of people who would otherwise have continued as unsuspected and unrecognised victims of these diseases.

### *Re-Organisation of Health Department*

This Authority holds a major review of the establishment of each department every three years, the last review being in 1963. The review during 1966 was postponed on account of the national financial situation and took place in 1967. The expansion of the Department in four years since the previous review had been considerable and it had become evident that the existing establishment was quite inadequate for the demands being made on it.

The Council accepted the proposals for re-organisation of the Department which entailed integration of certain smaller, previously independent sections, into four main sections, each under a Section Head and the creation of additional senior posts. In addition attention was drawn to the need to review in detail the administrative and clerical sections of the Department. The new departmental structure is shown in the accompanying diagram. I wish to express my personal appreciation for the sympathetic way in which the proposals were accepted.



When the review is completed the Department will be able to tackle more effectively the development of the health and welfare services which are urgently required and not least those consequent upon the proposed expansion of Northampton.

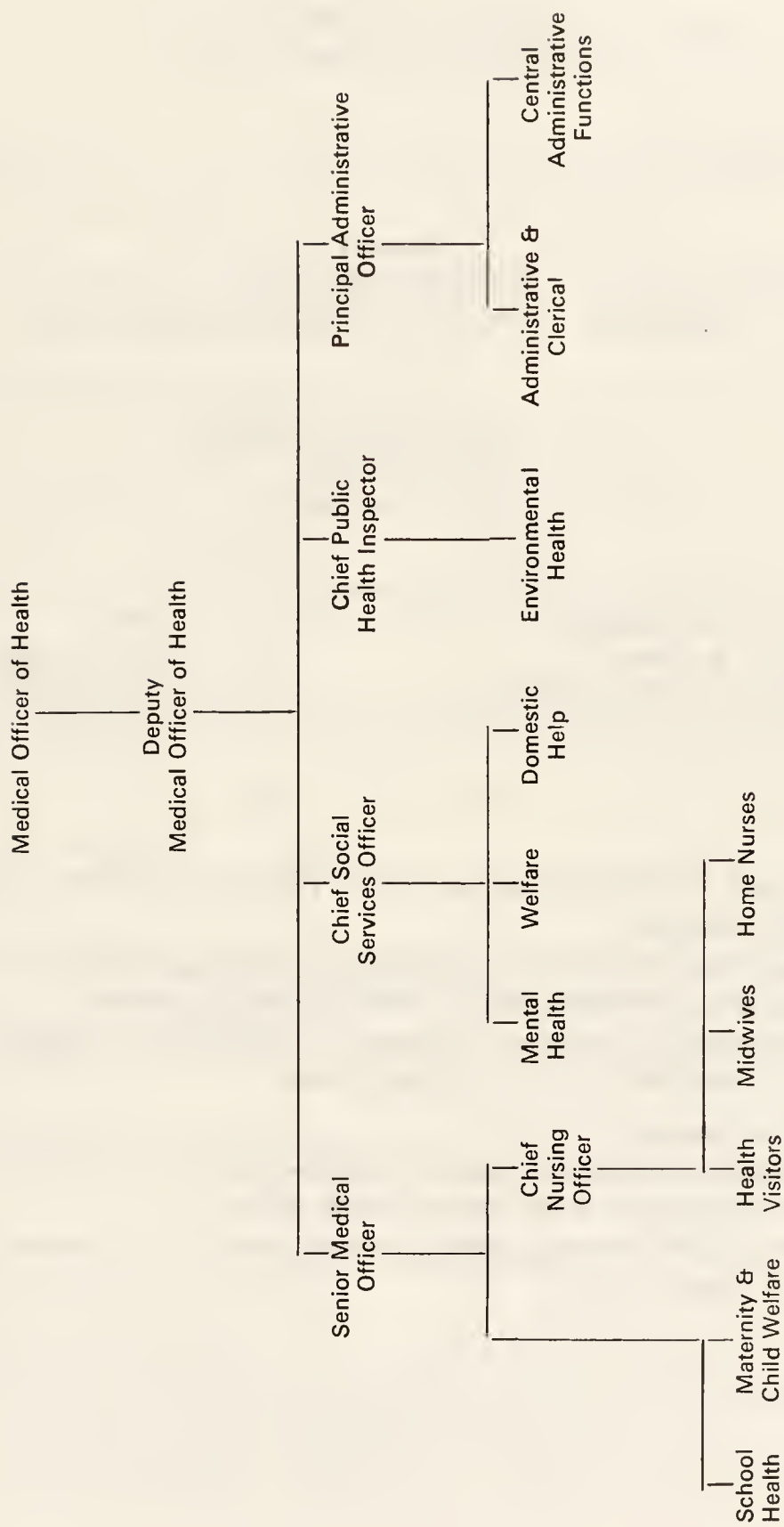
The first meeting of professional representatives to consider the implications of town expansion for the health services in the town was held on the 17th May and attended by representatives of all branches of the health services in the area. It is not intended to proceed further until the Minister of Housing has issued his Designation Order.

I was fortunate to attend the International Conference at Bolzano, Italy, in December as one of the three United Kingdom representatives and presented a paper on the subject of "Health Services Organisation in a Local Health Authority". Although only of two days duration the Conference was most valuable as one learnt much from representatives of the other six European countries concerning the organisation of their health services.

I would again wish to record my gratitude to the Chairman and members of the Health Committee for their unfailing support and encouragement in the task of improvement and development of the health and welfare services in Northampton.

*W. Edgar*  
*Medical Officer of Health.*

Guildhall,  
Northampton.  
June, 1968.



# HEALTH COMMITTEE

(as constituted on 31st December, 1967)

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*Chairman*

The Worshipful the Mayor

ALDERMAN T. H. DOCKRELL, J.P., M.B., F.R.C.S.

*Aldermen*

MRS. GRACE BROWN

P. GIBSON

G. J. HACKETT

*Councillors*

M. O. ALDRIDGE

M. J. B. AMEY

M. C. S. DESBOROUGH

MISS M. FINCH

J. T. LEWIS

A. H. W. PROUSE

H. R. SAUNDERSON

MRS. I. SHORT

## SUB-COMMITTEES OF THE HEALTH COMMITTEE

### *Health Services*

Councillor Miss M. Finch (Chairman); Aldermen Mrs. Brown and Hackett; Councillors Amey, Desborough and Saunderson.

Non-Council Members—Mesdames E. Davies, C. E. Gibson and C. I. Peach and Dr. H. De La Haye Davies.

### *Welfare Services*

Councillor Aldridge (Chairman); Aldermen Mrs. Brown and Hackett; Councillors Miss Finch, Lewis and Mrs. Short.

Non-Council Members—Mesdames K. Gordon, I. T. B. Nichols and C. I. Peach.



## STAFF OF HEALTH DEPARTMENT, 1967

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*Medical Officer of Health, Principal School Medical Officer, and Welfare Administrator—*

WILLIAM EDGAR, M.B., CH.B., D.P.H., D.C.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer—*

ROBERT F. McKNIGHT, M.A., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H.  
(from 1st June, 1967)

*Senior Assistant Medical Officer—*

WILFRED H. PARKINSON (Died 5th June, 1967)

*Assistant Medical Officers of Health and School Medical Officers—*

MARGARET O'CONNOR, L.R.C.P., L.R.C.S., L.M.

EILEEN L. PARKINSON, M.R.C.S., L.R.C.P.

JAMES W. BOTTOMS, M.B., B.S., M.R.C.S., L.R.C.P.

RONALD H. MARTIN, M.A., B.M., B.C.H., M.R.C.S., L.R.C.P.

*†Principal School Dental Officer—*

P. W. J. L. THOMPSON, L.D.S., R.C.S.Eng.

*†Dental Officer—*

MRS. L. A. B. ELLIOTT, L.D.S., R.C.S.

*\*Public Analyst—*

H. C. MacFARLANE, A.R.T.C.S., F.R.I.C.

The following medical staff of the Oxford Regional Hospital Board rendered part-time service to Northampton County Borough Council:

*Consultant Chest Physician—*

ERNEST T. W. STARKIE, M.A., M.B., B.C.H., M.R.C.S., L.R.C.P.

*Chest Physician—*

JAMES M. H. McMURRAY, M.R.C.S., L.R.C.P.

### *Health Services Section*

#### *Health Visitors and Clinic Nurses*

*Superintendent Health Visitor—*

MISS E. M. LEAHY, S.R.N., S.C.M., H.V. Cert., Dip. Sociology

10 HEALTH VISITORS (including 2 part-time)

1 STUDENT HEALTH VISITOR

9 CLINIC NURSES (including 3 part-time)

*Midwives and Home Nurses**Superintendent and Non-medical Supervisor of Midwives—*

MISS B. C. FIELD, S.R.N., S.C.M., H.V.Cert.

2 ASSISTANT SUPERINTENDENTS

7 MIDWIVES (including 5 part-time)

22 DISTRICT NURSES (including 7 part-time)

*Social Services Section**Chief Social Services Officer—*

I. B. JOLLEY, A.I.S.W., Cert. of Recognition

*Welfare Services*

MISS V. M. HARRISON (Welfare Officer) A.I.S.W. Home Teachers' Cert., Cert. of Recognition

1 SENIOR SOCIAL WELFARE OFFICER

6 SOCIAL WELFARE OFFICERS

1 FAMILY CASEWORKER

2 WELFARE ASSISTANTS

Superintendent, Kings Heath Home of Rest —M. MULLIGAN

Superintendent, 'The Priory' —MRS. P. WILLIAMS

Superintendent, 'Barnfield' —MRS. M. J. EVANS

Superintendent, 'Nicholls House' —MRS. S. CRIST

Superintendent, Home for Homeless Families—MISS E. STAVELEY

Superintendent, 'Hillcrest' —W. W. WYMAN

Superintendent, 'Lalgates' —MISS K. M. SAVAGE

Gladstone Centre —B. COLE (Organiser)

3 INSTRUCTORS

*Domestic Help Service*

MRS. M. SMITH (Organiser)

1 ASSISTANT ORGANISER (part-time)

*Mental Health Service*

R. H. JOHNSON, Cert. of Recognition (Sen. Mental Welfare Officer)

MRS. K. M. WARD, Cert. of Recognition (Sen. Mental Welfare Officer)

3 MENTAL WELFARE OFFICERS

*Cliftonville Training Centre*

A. W. KEMPTON (Supervisor and Manager)

J. SIMMONDS, Dip. N.A.M.H. (Deputy Manager)

8 INSTRUCTORS

*Junior Training Centre*

MRS. J. P. LUCK (Supervisor)

4 ASSISTANT SUPERVISORS

*Special Care Unit*

MRS. M. A. HANSON, S.R.N. (Matron)

1 DEPUTY MATRON

2 NURSERY NURSES

## *Environmental Health Section*

### *Chief Public Health Inspector—*

- A. ROBINSON, M.A.P.H.I.
- G. HARRISON, M.A.P.H.I. (Deputy Chief Inspector)
- 1 SPECIALIST HOUSING INSPECTOR
- 1 SPECIALIST MEAT AND FOODS INSPECTOR
- 1 SENIOR DISTRICT PUBLIC HEALTH INSPECTOR
- 2 AUTHORISED MEAT INSPECTORS
- 5 DISTRICT INSPECTORS
- 1 ASSISTANT HOUSING INSPECTOR
- 1 OFFICES, SHOPS AND RAILWAY PREMISES INSPECTOR
- 3 STUDENT INSPECTORS
- 1 DISINFESTATION OFFICER
- 1 GENERAL MANUAL ASSISTANT AND MOTOR DRIVER
- 2 RODENT OPERATIVES

## *Administrative Services Section*

### *Principal Administrative Officer—*

- W. USHER, A.C.C.S.
- H. T. BOSWELL (Administrative Assistant)
- L. W. GARNER (Senior Clerk)
- 13 CLERKS
- 3 SHORTHAND TYPISTS
- 2 WELFARE FOOD ASSISTANTS

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\*Part-time appointment.

†Mainly for School Dental work; part-time devoted to Maternity and Child Welfare Work.

## ESTABLISHMENTS

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Health Department .. .. .	Newilton House, Derngate	Tel : 34881
Central Health, Social Services and Environmental Health		
Nursing Services and Loan Equipment	24a Derngate	Tel : 36495
Cliftonville Training Centre .. ..	Cliftonville Road	Tel : 34881
		Ext : 399
Junior Training Centre .. ..	Chapel Place,	Tel : 34881
	Abington Square	Ext : 288
St. Lucia Hostel .. .. .	The Avenue, Cliftonville	Tel : 30521
Gladstone Centre for .. .. .	Gladstone Road	Tel : 52611
Physically Handicapped		

### Old Persons Homes

Kings Heath Home of Rest .. ..	North Oval	Tel : 51936
'Barnfield' .. .. .	127 Harlestone Road	Tel : 51839
'The Priory' .. .. .	260 Billing Road East	Tel : 33718
'Nicholls House' .. .. .	9, 10 and 11 St. George's Avenue	Tel : 37603
'Hillcrest' .. .. .	67 & 69 Queen's Park Parade	Tel : 36710
'Lalgates' .. .. .	119 Harlestone Road	Tel : 51889
Homeless Families Unit .. ..	4 Upper Mounts	Tel : 35914

### Clinics

#### *St. Giles' Street Welfare Centre*

Infant Welfare Clinics .. .. .	Tuesday, Wednesday and Friday afternoons
Cytology Clinics .. .. .	Thursday afternoon; Friday evening
Mothercraft and Relaxation Classes..	Monday, Tuesday and Wednesday mornings
Special clinic for handicapped children	Friday morning
Midwifery service .. .. .	Monday afternoon—home bookings Thursday morning— early discharge bookings

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Family Planning Association .. ..	Monday evening (6.30—8.30) Friday morning (2nd in month) 9.30—11.30 Friday evening (2nd in month) 5.30—7.30 Friday morning (4th in month) 9.30—11.30
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Voluntary Association Mothers' Club	Tuesday and Thursday evening (Sept/April)
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Social Club .. .. .	Wednesday evening
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*Infant Welfare Centres*

<i>Centre</i>	<i>Held</i>	<i>Day (afternoons)</i>
Abington	Abington Avenue Congregational Church Rooms .. .. .	Thursday
Boothville	Booth Hall .. .. .	Monday (2nd & 4th)
Broadmead	Broadmead Baptist Church Rooms ..	Monday
Dallington	Spencer Dallington Community Centre	Monday
Doddridge	Doddridge Memorial Church Rooms	Wednesday
Duston	Duston Congregational Church Rooms	Monday
Far Cotton	St. Mary's Parochial Church Rooms ..	Monday
Kings Heath	Kings Heath Adventure Club Rooms ..	Thursday
Kingsley	Kingsley Park Methodist Church Rooms	Monday
Kingsthorpe	Thornton Park Community Centre ..	Wednesday & Friday
St. David's	St. David's Church Rooms .. ..	Friday
St. Giles'	St. Giles' Street Infant Welfare Centre	Tues/Wed/Fri.
Weston Favell	Westone Parish Hall .. .. .	Thursday
Wheatfield Road	Abington Community Centre .. ..	Friday

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# STATISTICS & SOCIAL CONDITIONS



## PRINCIPAL VITAL STATISTICS

### Population :

Census 1961 .. .. .	105,421
Registrar-General's Estimated Home Population (all ages) as at 30th June, 1967, including members of Armed Forces stationed in area .. .. .	121,890

				MALES	FEMALES	TOTALS
Live Births	Legitimate .. .. .	1,027	974	2,001		
	Illegitimate .. .. .	96	103	199		
	Totals .. .. .	1,123	1,077	2,200		
Live Birth-rate per 1,000 Population .. .. .						18.0
Adjusted Birth-rate (Area Comparability Factor 1.02) .. .. .						18.4
Illegitimate Live Births per cent of Total Live Births .. .. .						9.0

				MALES	FEMALES	TOTALS
Stillbirths	Legitimate .. .. .	14	10	24		
	Illegitimate .. .. .	1	5	6		
	Totals .. .. .	15	15	30		
Stillbirth rate per 1,000 Live and Stillbirths .. .. .						13.5
Total Live and Stillbirths .. .. .						2,230

				MALES	FEMALES	TOTALS
Deaths .. .. .		730	741	1,471		
Death-rate per 1,000 Population .. .. .						12.1
Adjusted Death-rate (Area Comparability Factor 0.85) .. .. .						10.3
Infant Deaths (under One Year of Age) .. .. .						45
Infant Mortality-rate per 1,000 Live Births—Total (45 deaths) .. .. .						20.5
Infant Mortality-rate per 1,000 Live Births—Legitimate (44 deaths) .. .. .						22.0
Infant Mortality-rate per 1,000 Live Births—Illegitimate (1 death) .. .. .						5.0
Neonatal Mortality-rate (first Four Weeks) per 1,000 Live Births (28 deaths) .. .. .						12.7
Early Neonatal Mortality-rate (First Week) per 1,000 Live Births (24 deaths) .. .. .						10.9
Perinatal Mortality-rate (stillbirths and deaths under one week com- bined) per 1,000 Live and Stillbirths .. .. .						24.2
Maternal Deaths (including Abortion) .. .. .						1
Maternal Mortality-rate per 1,000 Live and Stillbirths .. .. .						0.4
Cancer Deaths .. .. .						274
Cancer Mortality-rate per 1,000 Population .. .. .						2.2

The natural increase of the population, i.e. the surplus of registered live births over deaths, was 729 or 6.0 per thousand living.

*Summary of Statistics*

Position .. ..	Latitude .. 52° 14' North; Longitude .. 0° 54' West	
Highest point above sea level is on the Boughton Green Road ..	420 feet	
Lowest point above sea level is lower part of Bridge Street .. ..	193 feet	
Elevation of Guildhall above mean sea level .. .. .	252 feet	
Area .. .. .	10,287 acres (16·1 square miles)	
Number of Separate Dwellings Occupied :		
Census 1961 .. .. .	35,045	
According to Rate Books (31st December, 1967) .. .. .	40,448	
Number of Private Households (Census 1961) .. .. .	35,501	
Rateable Value (31st December, 1967) .. .. .	£5,606,897	
Penny Rate product 1967/68 .. .. .	£22,559	
Net Revenue Expenditure for year ended 31st March, 1967 :		
Public Health .. .. .	£36,561	
Local Health Authority .. .. .	£167,172	
Welfare .. .. .	£109,021	
		<hr/>
		£312,754

*State of Employment*

I am indebted to the Manager of the Employment Exchange for the following statement :

In general, 1967 was not an easy trading year for most of the Town's industries.

At the beginning of the year, 1,342 workpeople were wholly unemployed or working short time, but this had fallen to 841 in December, 1967. This latter figure was 1·2 per cent. of the insured population whereas in Great Britain the comparable percentage was 2·5.

**TABLE 1**  
**Vital Statistics during 1967 and Previous Years**

Year	Estimated Total Population to Middle of each Year	Live Births			Total Deaths registered in the District		Transferable Deaths		Net Deaths belonging to the District			
		Uncor- rected Number	Net		Number	Rate	Non- resi- dents regis- tered in the District	Resi- dents not regis- tered in the District	Under One Year		At all Ages	
			Number	Rate					Number	Rate per 1,000 live Births	Number	Rate
1901	87096	2345	2345	26.9	1269	14.6	62	9	334	142.4	1216	14.0
1911	90152	1930	1931	21.4	1240	13.8	86	46	250	129.5	1200	13.3
1921	92300	1924	1881	20.4	1022	11.1	123	65	124	65.9	964	10.4
1931	92970	1307	1233	13.3	1243	13.4	205	53	87	70.6	1091	11.8
1941	108930	2101	1282	11.8	1776	16.3	450	69	91	52.9	1395	12.8
1946	102760	2847	2111	20.5	1571	15.3	399	59	97	45.9	1231	12.0
1947	104480	3000	2283	21.9	1606	15.4	363	43	76	33.3	1286	12.3
1948	104380	2518	1825	17.5	1543	14.8	401	54	68	37.3	1196	11.5
1949	104300	2377	1646	15.8	1581	15.2	414	92	49	29.8	1259	12.1
1950	105490	2497	1502	14.2	1547	14.7	397	113	28	18.6	1263	12.0
1951	103700	2510	1514	14.6	1668	16.1	391	137	45	29.7	1414	13.6
1952	103700	2583	1467	14.1	1489	14.4	358	91	32	21.8	1222	11.8
1953	104000	2592	1506	14.5	1650	15.9	346	36	35	23.2	1340	12.9
1954	103700	2536	1386	13.4	1566	15.1	376	48	28	20.2	1238	11.9
1955	102800	2472	1353	13.2	1570	15.3	390	56	24	17.7	1236	12.0
1956	101800	2612	1409	13.8	1640	16.1	411	60	34	24.1	1289	12.7
1957	101000	2736	1514	15.0	1581	15.7	408	48	25	16.5	1221	12.1
1958	100700	2864	1573	15.6	1625	16.1	416	118	30	19.1	1327	13.2
1959	100300	2959	1625	16.2	1635	16.3	403	115	38	23.4	1347	13.4
1960	101180	3256	1686	16.7	1606	15.9	431	124	34	20.2	1299	12.8
1961	104320	3469	1797	17.2	1795	17.2	444	121	48	26.7	1372	13.2
1962	104910	3608	1945	18.5	1697	16.2	462	115	30	15.4	1350	12.9
1963	105420	3800	2004	19.0	1758	16.7	464	112	34	17.0	1406	13.3
1964	106120	4137	2020	19.0	1708	16.1	504	93	38	18.8	1311	12.4
1965	121410	4416	2324	19.7	1846	15.6	419	108	28	12.0	1433	12.2
1966	121560	4296	2252	18.5	1872	15.4	508	131	28	12.4	1481	12.2
1967	121890	4276	2200	18.0	1810	14.8	487	130	45	20.5	1471	12.1

This Table is arranged to show the gross births and deaths in Northampton County Borough and the births and deaths properly belonging to the town, with the corresponding rates.

Non-civilian deaths are excluded during the years 1939 to 1949.

### *Births*

2,200 live births (1,123 males, 1,077 females) were registered, giving a birth-rate of 18.0 per thousand of the estimated civilian population, compared with 17.2 for England and Wales.

Table 2 gives the birth-rates for the last decennium compared with those for England and Wales.

TABLE 2  
Live Birth-rates in Each Year of the Decennium

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales .. ..	16.4	16.5	17.2	17.6	18.0	18.2	18.5	18.1	17.7	17.2
Northampton .. ..	15.6	16.2	16.7	17.2	18.5	19.0	19.0	19.7	18.5	18.0

The adjusted birth-rate for Northampton County Borough (calculated by multiplying the crude rate by the Registrar-General's area comparability factor of 1.02) was 18.4.

199 (9.0 per cent.) of the live births were illegitimate. The percentages for the last ten years are shown in Table 3.

TABLE 3  
Illegitimate Live Births Expressed as a Percentage of Total Live Births

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales .. ..	4.9	5.1	5.4	5.9	6.6	6.9	7.2	7.7	7.9	8.4
Northampton .. ..	7.1	6.9	7.2	6.2	8.7	9.7	9.4	8.3	9.1	9.0

TABLE 4  
Registered Live and Stillbirths

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Live Births Registered .. ..	1,123	1,077	2,200
Stillbirths Registered .. ..	15	15	30
*Total Births Registered .. ..	1,138	1,092	2,230

\*1,969 of the total registered births occurred in institutions.

### *Stillbirths*

Of the 28 notified and investigated, 16 were born prematurely and 7 weighed less than 3½ lbs. at birth. All but one stillbirth occurred in hospital.

Thirty stillbirths were registered, giving a rate of 13.5 per thousand total births (including stillbirths) registered, compared with 14.8 for England and Wales.



TABLE 5  
Deaths in Premature Live and Stillbirths

<i>Birth Weight</i>	<i>Premature Live Births</i>	<i>Deaths within 24 hours</i>	<i>Deaths within 28 days</i>	<i>Deaths within 28 days per 1,000 live prem. births</i>	<i>Premature Stillbirths</i>	<i>Premature Stillbirths per 1,000 live and still prem. births</i>
All babies of 5 lb. 8 oz. and less	137	14	2	116.8	16	104.6
Under 2 lb. 3 oz. . . . .	8	5	—	36.5	3	19.6
2 lb. 3 oz. and under 3 lb. 4 oz. . .	10	6	—	43.8	4	26.1
3 lb. 4 oz. and under 4 lb. 6 oz. . .	21	1	1	14.6	4	26.1
4 lb. 6 oz. and under 4 lb. 15 oz.	21	2	—	14.6	2	13.1
4 lb. 15 oz. to 5 lb. 8 oz. . . . .	77	—	1	7.3	3	19.6

*Analysis of Stillbirths (According to Departmental Records)*

Stillbirths—28

						1967	1966
1. Cause of Death:							
Foetal	Hydrocephaly	..	..	..	..	—	1
	Anencephaly	..	..	..	..	2	2
Maternal	Rhesus factor	..	..	..	..	2	2
	Pre-eclamptic Toxaemia	..	..	..	..	2	5
	Concealed Accidental Haemorrhage	..	..	..	..	2	4
	Placental Insufficiency	..	..	..	..	—	1
	(Maternal Cardiac Disease)						
	Placental Insufficiency	..	..	..	..	2	1
Unknown	Macerated	..	..	..	..	12	7
	Foetus fresh	..	..	..	..	3	1
Accident of labour	Prolapsed cord	..	..	..	..	—	1
	A.P.H.	..	..	..	..	2	2
	Obstructed breech	..	..	..	..	1	1
2. Maturity:	Under 30 weeks	..	..	..	..	4	4
	30—32 weeks	..	..	..	..	4	4
	33—34 weeks	..	..	..	..	1	3
	35—36 weeks	..	..	..	..	5	6
	37—38 weeks	..	..	..	..	5	4
	39—40 weeks	..	..	..	..	5	6
	40 weeks plus	..	..	..	..	4	1
3. Number of pregnancies:	1st	..	..	..	..	12	12
	2nd	..	..	..	..	9	7
	3rd	..	..	..	..	1	2
	4th	..	..	..	..	1	3
	5th	..	..	..	..	1	3
	6th	..	..	..	..	2	1
	7th	..	..	..	..	1	—
	9th	..	..	..	..	1	—

		1967	1966
4. Birth Weight:	Under 2 lb. 3 oz. . . . .	3	6
	2 lb. 3 oz. under 3 lb. 4 oz. . .	4	6
	3 lb. 4 oz. under 4 lb. 6 oz. . .	5	4
	4 lb. 6 oz. under 4 lb. 15 oz. . .	2	1
	4 lb. 15 oz. under 5 lb. 8 oz. . .	3	2
	5 lb. 8 oz. under 7 lb. 8 oz. . .	8	4
	Over 7 lb. 8 oz. . . . .	3	5

### *Infant Mortality*

The increase in the number of deaths of infants under one year of age from 28 in 1966 to 45 is disappointing and requires some special comment. Firstly, the figures for 1965 and 1966 were the lowest ever recorded in Northampton. The infant mortality rate of 12.4 in 1966, compared with 19.0 for England and Wales in the same year. The rate of 20.5 in Northampton during 1967, however, compares unfavourably with that of 18.3 for England and Wales. The relevant figures are given below:

						<i>England and Wales</i>	
		1963	1964	1965	1966	1967	1966 1967
Infant Mortality Rate	..	17.0	18.8	12.0	12.4	20.5	19.0 18.3
Stillbirth rate	..	12.8	12.7	16.5	13.1	13.5	15.3 14.8
Peri-natal mortality	..	23.6	22.9	23.7	19.7	24.2	26.3 25.4
Neo-natal mortality	..	11.4	12.4	9.5	8.0	12.7	12.9 12.5

An analysis of the causes of death as supplied by the General Register Office for 1966 and 1967 is given in the following table from which it will be seen that the increase in deaths under 4 weeks of age is due to ill-defined causes (7), congenital abnormalities (2) and pneumonia (1), and the increase in deaths from 4 weeks to 1 year is due to pneumonia (6), other respiratory (1) and accident (1).

	<i>1966</i>		<i>1967</i>	
	<i>Under 4 wks.</i>	<i>4 wks.—1 yr.</i>	<i>Under 4 wks.</i>	<i>4 wks.—1 yr.</i>
Meningitic Infection..	M. —	1	M. —	—
	F. —	—	F. —	—
Pneumonia .. ..	M. —	2	M. 1	6
	F. —	2	F. —	4
Gastroenteritis ..	M. —	—		
	F. —	1		
Other Respiratory ..			M. —	1
			F. —	—
Congenital Malforma- tions .. ..	M. 1	2	M. 2	—
	F. 1	—	F. 2	2
Other ill-defined causes .. ..	M. 6	2	M. 12	2
	F. 10	—	F. 11	—
All other accidents ..	M. —	1	M. —	1
	F. —	—	F. —	1
	—	—	—	—
	M. 7	8	M. 15	10
	F. 11	2	F. 13	7
	—	—	—	—
	18	10=28	28	17=45
	—	—	—	—

An analysis of the departmental records, however, provides rather more detailed information.

### Deaths Under One Week.

<i>ths Under One Week.</i>								1967	1966
Prematurity	..	..	..	..	..	..	..	*15	6
Respiratory distress syndrome				..	..	..	..	4	} 7
Respiratory failure	..	..	..	..	..	..	..	1	
Congenital malformations	..	..	..	..	..	..	..	4	1
Birth Trauma	..	..	..	..	..	..	..	1	0
Others	..	..	..	..	..	..	..	1	1
								—	—
								23	15
								—	—

\*As primary or contributory causes of death.

The weights of premature infants who died during the first week of life are shown in the following table :

Birth weight under 2 lb. 3 oz.	..	..	5
Over 2 lb. 3 oz. and under 3 lb. 4 oz.	..	..	6
Over 3 lb. 4 oz. and under 4 lb. 15 oz.	..	..	3
Over 4 lb. 15 oz. and under 5 lb. 8 oz.	..	..	1

Despite the special facilities available for premature babies their chance of survival is in direct proportion to their birth weight.

*Deaths 1 week to 1 month*

<i>ths 1 week to 1 month</i>				1967		1966
Respiratory	..	..	..	2	Intra-cranial haemorrhage	.. 1
Congenital malformations	..		..	2	Cardiac failure	.. 1
Gastroenteritis	..	..	..	1	Meningococcal Infection	.. 1
				—		—
				5		3
				—		—

*Deaths 1 month to 1 year*

							1967	1966
Respiratory	..	..	..	..	..	..	9	5
Inhalation of Vomit		..	..	..	..	..	4	1
Congenital Malformations			..	..	..	..	3	1
Cardiac	..	..	..	..	..	..	1	0
Infectious	..	..	..	..	..	..	0	3
							<hr/>	<hr/>
							17	10

The brief analysis shows that the increase in the number of deaths of babies under one week of age was due principally to deaths of very small premature babies and to a lesser extent to deaths attributable to various congenital malformations. The causes of death in five babies aged one week to one month were so different from the preceding year that no comparison is of value. In infants aged one month to one year the increase was due to respiratory infections (4), inhalation of vomit (3) and congenital abnormalities (2).

In determining whether any of these deaths was preventable—the largest group (prematurity) received the most skilled attention available in a modern premature baby unit in hospital. The smaller the premature baby is at birth the less are its chances of survival even in an optimum environment. Deaths due to congenital malformations are not really preventable in general and unless some dramatic

surgical procedure is possible the majority of these children can only look forward to a life of considerable disability. Deaths from respiratory distress syndrome and respiratory failure underline the critical nature of the period immediately after birth when the mechanism whereby the infant obtains oxygen is changed in a matter of a few minutes from one depending upon its mother's circulation to one dependant upon his own efforts to initiate successfully the normal process of respiration. This is particularly critical in premature babies because of their immaturity and considerable skill is exercised in assisting these small babies to gain an adequate foothold to life. Inhalation of stomach contents cannot be anticipated since the majority of babies bring back part of their food during the first weeks of life.

TABLE 6  
Infant Mortality Rates, 1958—1967

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales .. ..	22.5	22.0	21.7	21.4	20.7	21.1	20.0	19.0	19.0	18.3
Northampton .. .. .	19.1	23.4	20.2	26.7	15.4	17.0	18.8	12.0	12.4	20.5

### *Mortality in Pre-school Children*

There were 7 deaths compared with 6 in 1966 in children aged 1 year to 5 years as follows:

Cerebral Haemorrhage .. ..	1
Severe Injuries (accidental) .. ..	2
Sickle Cell Disease .. ..	1
Bronchopneumonia .. ..	1
Interstitial Pneumonia .. ..	1
Respiratory Failure .. ..	1

### *Deaths*

1,471 deaths (730 males, 741 females) were registered, equal to a death-rate of 12.1, compared with 11.2 for England and Wales. Table 7 gives the local and national death-rates for the last ten years.

TABLE 7  
Death-rates in Each Year of the Decennium

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales .. ..	11.7	11.6	11.5	11.9	11.9	12.2	11.3	11.5	11.7	11.2
Northampton .. .. .	13.2	13.4	12.8	13.2	12.9	13.3	12.4	12.2	12.2	12.1

1,099 (74.7 per cent.) of the deaths related to elderly persons aged sixty-five years and upwards.

The adjusted death-rate for Northampton County Borough (calculated by multiplying the crude rate by the area comparability factor of 0.85) was 10.3.

Table 8 gives the causes of death in age-periods, compiled from information supplied by the Registrar-General.

Causes of Death	Nett Deaths at the Subjoined Ages (in Years) of 'Residents' whether occurring within or without the District													
	All Ages			0-	1-	5-	15-	25-	35-	45-	55-	65-	75-	
	Total	M.	F.											
1. Tuberculosis, respiratory .. .. .	7	5	2	—	—	—	—	—	1	1	—	—	1	4
2. Tuberculosis, other .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	2
3. Syphilitic disease .. .. .	2	2	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping cough .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases .. .. .	1	—	1	—	—	—	—	—	—	—	—	—	—	1
10. Malignant neoplasm, stomach .. .. .	32	17	15	—	—	—	—	—	—	2	10	10	10	10
11. Malignant neoplasm, lung, bronchus .. .. .	51	43	8	—	—	—	—	—	—	6	17	21	7	8
12. Malignant neoplasm, breast .. .. .	26	—	26	—	—	—	—	—	2	4	8	4	4	2
13. Malignant neoplasm, uterus .. .. .	12	—	12	—	—	—	—	—	1	2	3	4	4	2
14. Other malignant and lymphatic neoplasms .. .. .	153	79	74	—	—	—	—	—	5	21	26	52	49	3
15. Leukæmia, aleukæmia .. .. .	10	4	6	—	—	1	3	—	—	1	—	2	2	3
16. Diabetes .. .. .	13	5	8	—	—	—	—	—	—	1	1	2	3	6
17. Vascular lesions of nervous system .. .. .	217	73	144	—	—	—	—	—	—	8	11	50	147	147
18. Coronary disease, angina .. .. .	291	176	115	—	1	—	—	—	6	15	54	93	123	123
19. Hypertension with heart disease .. .. .	28	14	14	—	—	—	—	—	—	2	4	8	14	14
20. Other heart disease .. .. .	207	83	124	—	—	—	—	1	1	4	11	42	148	148
21. Other circulatory disease .. .. .	70	29	41	—	—	—	—	—	—	2	8	23	37	37
22. Influenza .. .. .	1	—	1	—	—	—	—	—	—	—	—	—	1	1
23. Pneumonia .. .. .	92	59	33	11	—	—	—	—	—	1	5	15	60	60
24. Bronchitis .. .. .	61	47	14	—	1	—	—	—	—	3	7	27	23	23
25. Other diseases of respiratory system .. .. .	10	5	5	1	—	—	—	—	—	—	2	2	5	5
26. Ulcer of stomach and duodenum .. .. .	8	7	1	—	—	—	1	—	—	1	2	—	4	4
27. Gastritis, enteritis and diarrhoea .. .. .	5	1	4	—	—	—	—	—	—	—	3	1	1	1
28. Nephritis and nephrosis .. .. .	4	2	2	—	—	—	—	—	—	—	—	—	2	2
29. Hyperplasia of prostate .. .. .	7	7	—	—	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion .. .. .	1	—	1	—	—	—	—	—	—	1	—	—	—	—
31. Congenital malformations .. .. .	8	3	5	6	—	—	—	—	—	1	—	1	—	—
32. Other defined and ill-defined diseases .. .. .	95	39	56	25	2	2	1	2	4	6	7	25	21	21
33. Motor vehicle accidents .. .. .	13	7	6	—	3	1	1	1	1	2	1	1	2	2
34. All other accidents .. .. .	29	12	17	2	2	1	—	1	—	—	—	5	15	15
35. Suicide .. .. .	17	11	6	—	—	—	—	1	3	2	6	4	1	1
36. Homicide and operations of war .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals .. .. .	1471	730	741	45*	7	7	6	6	25	88	188	402	697	697

\*28 of these 45 infants were under four weeks of age.

The above Table was prepared from information supplied by the Registrar-General.





## INFECTIOUS & OTHER DISEASES



## INFECTIOUS AND OTHER DISEASES

(Dr. R. F. McKnight, Deputy Medical Officer of Health)

During 1967, 1,236 notifications were received and Table 10 shows the incidence of notifiable diseases during the year. It will be noted that there were no cases of diphtheria or acute poliomyelitis nor did death occur from any infectious disease. The incidence of infectious diseases over the last decade is illustrated in Table 11.

Public health inspectors made 35 visits and 75 re-visits in connection with cases or suspected cases of food poisoning and dysentery.

The Department authenticated 777 International Certificates of Vaccination during the year.

General practitioners and doctors from the Department submitted 60 specimens to the Public Health Laboratory in connection with bowel infections.

The Public Health Laboratory continued to work in close liaison with the Department and thanks are expressed to its Director, Dr. Leslie Hoyle, for his helpful advice and prompt reporting.

### *Dysentery*

Cases 7      Deaths 0

This is a decrease from the previous year when 56 cases were notified. This disease is seldom transmitted by food, since direct or indirect personal contact is usually necessary. It is predominantly a disease of young children. Cases often go unnotified as the symptoms are sometimes mild and transient and medical advice is frequently not sought.

### *Food Poisoning*

Cases 8      Deaths 0

There were 8 cases notified compared with 12 in 1966. Cases may have gone unnotified as the symptoms may have been mild and transitory and medical advice not sought.

### *Measles*

Cases 1,021      Deaths 0

This is an increase on the number notified in 1966 (982).

### *Erysipelas*

Cases 3      Deaths 0

There has been a gradual fall in the incidence of this disease over the last decade. It is only one of the many manifestations of streptococcal infection in the community and is caused by haemolytic streptococci which enter the skin through breaks or small abrasions.

### *Puerperal Pyrexia*

Cases 0      Deaths 0

This compares with 3 cases in 1966. Table 11 illustrates the great reduction in this disease over the last decade. The Puerperal Pyrexia Regulations, 1951, define the condition as 'any febrile condition occurring in a woman in whom a temperature of 100 °F. or more has occurred within fourteen days after childbirth or miscarriage'.

*Scarlet Fever*

Cases 80      Deaths 0

This is a slight rise over 1966 when 63 cases occurred. The disease is another manifestation of streptococcal infection. Its incidence has considerably decreased in recent years and this may be related to a general improvement in environmental and social circumstances. The condition is rare in babies under twelve months. The age group most commonly affected is between four and six years.

*Typhoid Fever*

Cases 1      Deaths 1

In October *S. Typhi* was cultured from the urine of an elderly patient admitted to Northampton General Hospital with acute retention of urine. Unfortunately the patient died from uraemia at the time that the notification was received in the Department and so was not available for questioning.

Precautionary T.A.B. inoculation was administered to all the nurses who were working on the ward and the family of the old gentleman was traced to the third generation. One family refused inoculation, mainly because they were traced at a time when the first contacts were having some febrile reaction to the T.A.B. The whole family group were repeatedly examined but no positive results were obtained and after twenty-eight days the incident was closed.

Epidemiologically this case was interesting as the only history that could be elicited of possible contact of the patient with typhoid was said to be about thirty years ago. It is possible that he was a typhoid carrier and that the discharge of bacilli was very sporadic (a urine specimen tested in 1966 was negative). Even though he was nursed in a general surgical ward there were no secondary cases amongst either the patients or the nurses before diagnosis was confirmed bacteriologically. This tends to support the conclusion that he was a chronic carrier and that the isolation of *S. Typhi* from a routine specimen of urine was of little more than academic interest in a man of this age who prior to his admission to hospital lived on his own.

*Whooping Cough*

Cases 114      Deaths 0

This compares with 20 cases in 1966.

*Venereal Disease*

A special clinic for Venereal Diseases is held at Northampton General Hospital under the administrative control of the Northampton and District Hospital Management Committee.

The Clinic serves an area including Northampton County Borough, the administrative County of Northampton and North Buckinghamshire.

Males:	Wednesdays 2.00—3.00 p.m.	Fridays 5.00—6.30 p.m.
Females:	Mondays 5.15—6.30 p.m.	Fridays 2.15—3.30 p.m.

During the year the Clinic treated 216 new cases from the County Borough, including 85 persons for gonorrhoea (23 females and 62 males).

Table 9 illustrates the incidence of syphilis and gonorrhoea in the town during the last decade:

TABLE 9  
Incidence of New Cases of Venereal Diseases 1958-1967

		<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Other Venereal Diseases</i>
1958	..	6	..	38	..	73
1959	..	3	..	36	..	64
1960	..	10	..	41	..	84
1961	..	3	..	50	..	99
1962	..	10	..	49	..	107
1963	..	3	..	58	..	129
1964	..	1	..	36	..	143
1965	..	0	..	52	..	160
1966	..	2	..	43	..	107
1967	..	2	..	85	..	129

Whilst it is true that the incidence of gonorrhoea has almost doubled when compared with 1966, the incidence, though obviously unsatisfactory, is still in line with the national average, and may well be associated with the appointment of a school nurse to assist with contact tracing.

TABLE 10  
Cases of Notifiable Diseases during the Year 1967

Notifiable Diseases	NUMBER OF CASES NOTIFIED													
	All Ages	AGES (in years)												
		0-	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	Not Known
Diphtheria ..	7	1	—	3	1	—	—	—	—	2	—	—	—	—
Epidemic Typhus ..	3	—	—	—	—	—	—	—	—	—	—	1	2	—
Food Poisoning ..	8	3	—	—	—	—	1	—	1	2	—	—	—	1
Measles ..	1,021	51	117	143	192	168	317	5	2	7	—	1	—	18
Pneumonia ..	2	—	—	—	—	—	1	—	—	—	—	1	—	—
Scarlet Fever ..	80	—	4	5	6	9	50	3	—	—	—	—	—	3
Typhoid Fever ..	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Whooping Cough ..	114	7	7	14	23	13	41	2	—	2	2	—	—	3
Tuberculosis:														
Respiratory ..	8	—	—	—	—	1	1	—	—	3	1	2	—	—
Other Forms ..	3	—	1	—	—	—	—	—	—	—	1	1	—	—
Totals ..	1,247	62	129	165	222	191	411	10	3	16	4	6	3	25

above figures allow for corrections in diagnosis and include non-civilian cases.

Notifications were received of other notifiable diseases not specified in the Table above (e.g., diphtheria, malaria, smallpox).

TABLE 11  
Infectious Diseases, 1958-1967

<i>Disease</i>	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Acute Poliomyelitis (Paralytic) ..	4	1	1	—	1	—	—	—	—	—
(Non-paralytic) .. ..	2	—	1	—	—	—	—	—	—	—
Anthrax .. .. .	—	—	—	2	1	—	—	—	—	—
Dysentery .. .. .	5	153	191	38	25	86	2	48	56	7
Erysipelas .. .. .	23	8	13	5	6	7	7	9	5	3
Food Poisoning .. .. .	19	18	13	1	3	2	1	5	12	8
Measles .. .. .	1,462	202	29	3,309	60	1,899	479	1,127	982	1,021
Meningococcal Infection ..	—	—	—	1	—	—	—	2	—	—
Ophthalmia Neonatorum ..	—	—	1	—	—	2	—	1	—	—
Paratyphoid .. .. .	—	—	—	1	—	—	—	—	—	—
Pneumonia .. .. .	34	69	18	37	21	13	12	11	6	2
Puerperal Pyrexia .. .. .	94	53	54	18	29	13	7	6	3	—
Scarlet Fever .. .. .	93	134	100	43	25	38	34	66	63	80
Typhoid .. .. .	—	—	1	—	1	1	—	—	—	1
Whooping Cough .. .. .	8	81	98	26	49	76	72	39	20	114

### *Vaccination and Immunisation*

The Ministry of Health has been reviewing the recommended schedule of vaccinations and immunisations to be offered to parents of young children and a new schedule is soon to be introduced. During 1967 the programme of previous years has continued in use and combined vaccine is in use wherever possible.

Smallpox vaccination which used to be carried out in the first half-year of a child's life is now performed at 12—24 months and there is no doubt that this has had an affect on the acceptance rate.

Three injections of diphtheria/tetanus/pertussis vaccine are given at monthly intervals from the second to sixth months of life and oral poliomyelitis vaccine is given at the same time.

The D.T.P. vaccination is reinforced at 18—21 months by a booster dose, and the school entrant receives a further booster of diphtheria and tetanus, by injection at five years together with a booster dose of oral poliomyelitis vaccine at the same time.

The health visitor delivers the personal letter from the Medical Officer of Health to the mother at her first visit on the ninth day. The parent's consent is obtained at this time and the health visitor can answer any questions that the mother may ask. After the child has received the first injection the parent receives a record card on which dates and types of vaccine can be entered. This personal attention by the health visitor is effective in securing the best possible acceptance rate amongst mothers.



*Vaccination against Smallpox*

Vaccination against smallpox is carried out by doctors at infant welfare centres and by general practitioners in the child's second year of life. In 1967, 728 children received primary vaccination against smallpox.

*Immunisation against Diphtheria*

During 1967, 2,271 children received a full course of primary immunisation and 1,883 received booster doses against diphtheria. Table 12 illustrates the age groups concerned.

TABLE 12  
Diphtheria Immunisation

<i>Children born in the years:—</i>	<i>Full course of Primary Immunisation</i>	<i>Secondary (Re-inforcing) Injection</i>	<i>Total</i>
1967	961	18	979
1966	798	315	1,113
1965	63	553	616
1964	30	97	127
1960-63	263	736	999
Others under 16	156	164	320
<i>Total</i>	2,271	1,883	4,154

*Immunisation against Whooping Cough*

The following table gives details of whooping cough immunisations carried out during 1967:

TABLE 13  
Whooping Cough Immunisation

<i>Year of Birth</i>	<i>Number of Children</i>
1967	935
1966	768
1965	55
1964	24
1960-63	33
Others under 16	5
<i>Total</i>	1,820

*Poliomyelitis Immunisation*

The following table gives the number of immunisations carried out during 1967 :

TABLE 14  
Poliomyelitis Immunisation

<i>Year of Birth</i>	<i>Injections</i>	<i>Oral</i>	<i>Total</i>
1967	—	723	723
1966	1	791	792
1965	—	72	72
1964	—	47	47
1960-63	—	290	290
Others under 16	—	167	167
Total	1	2,090	2,091

*Tuberculosis*

I am indebted to Dr. E. T. W. Starkie, Consultant Chest Physician, for the following account of the work undertaken at the Chest Clinic during the year.

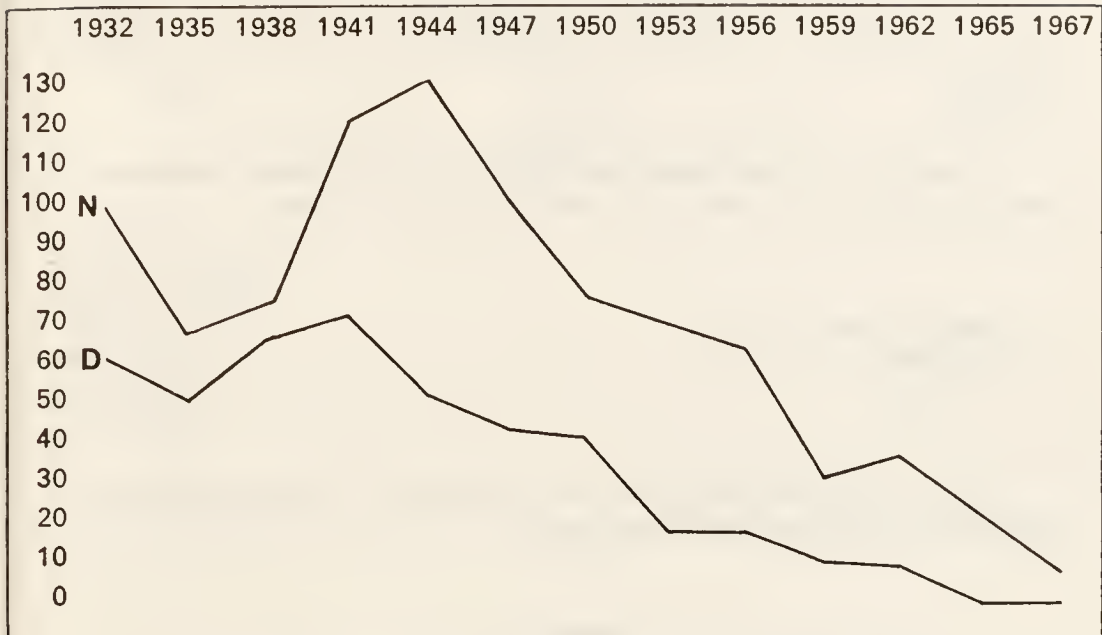
"An analysis of the years' figures and of the graph brings out the fact that in the period 1932 to 1947 the annual number of notifications of cases of respiratory tuberculosis remained virtually the same at around 100 new cases per year. During the war years there was a temporary increase to 130 new cases in the year 1944 after which the number declined again to 100 in the year 1947. With the introduction of mass X-ray surveys in the 1940s, six previously unknown cases were discovered for every 1,000 persons X-rayed. In the last Northampton mass X-ray survey, the incidence of tuberculosis had dropped to about one new case in every 5,000 persons examined. During the year 1967 there were only six new cases of pulmonary tuberculosis notified in the County Borough of Northampton.

"It is often said that this drop in morbidity which coincided with the introduction of the National Health Service was in fact due to the changeover to the National Health Service. Such statements and claims are very wide of the mark. The fact is that streptomycin, which was discovered in 1944, and certain other drugs used with streptomycin are entirely responsible for the major part of this change, whilst B.C.G. vaccination for the prevention of tuberculous disease has also been strikingly effective in the campaign against tuberculosis. With the aid of the present range of anti-tuberculous preparations it is often incorrectly assumed that the cure rate is now 100%. This is not the case but a figure of 90% is probably about the correct cure rate. A 100% cure rate is not attainable at present because a small number of patients develop toxic or allergic reactions to these drugs. A second cause of the failure is that there are a few patients who fail to take their drugs regularly and as a result of this failure drug resistance develops.

"In my annual report two years ago I recommended that reorganisation of this Department should take place on my retirement in 1968. This I believe to be necessary since although tuberculous disease has been reduced to such a minor problem when compared with 1932, the number of new outpatients who attended our outpatient department was sixteen times as many in 1967 as in the year 1932. The relevant figures are 205 new patients in 1932 and 3,842 in 1967. As only six new cases of tuberculosis were found amongst the 3,842 new patients seen here in 1967 there is a great case in favour of uniting this Department with the medical outpatient department of the General Hospital where the appointment of a Physician with special interest and training in chest diseases would make a valuable addition to the staff".

TABLE 15

Notifications of Respiratory Tuberculosis and Deaths 1932—1967 (3-yearly)



(N)—Notification of resp. T.B.

(D)—Deaths from resp. T.B.

TABLE 16  
Comparisons 1932—1967

	1932	1947	1966	1967
Notifications:				
Resp. tuberculosis .. .. .	101	100	20	8*
Non-resp. tuberculosis .. .. .	31	20	13	3*
A.P. Refills .. .. .	23	1610	—	—
Deaths:				
Resp. tuberculosis .. .. .	61	42	1	2
Non-resp. tuberculosis .. .. .	13	11	—	—
New Patients .. .. .	205	1100	4382	3842
Total attendances .. .. .	1427	4799	7908	7325

\*These figures do not include cases transferred into Northampton County Borough.

*Chest Clinic*

Details of the sessions held at the Chest Clinic are given on page 38.

The following relates to some of the anti-tuberculosis work during 1967:

Consultations .. .. .	5,225
New out-patients .. .. .	3,842
Number of contacts of new cases examined .. .. .	130
Contacts examined of patients previously notified .. .. .	483
Mantoux positive children found at school and seen at Chest Clinic	79
Mantoux tests .. .. .	113
X-ray examinations: Radiographic film .. .. .	5,294
Pathological specimens .. .. .	1,886
Total number of attendances by patients .. .. .	7,325

*Notifications*

(Tables 16 to 18, pages 39 and 40). During the year, 11 persons were notified for the first time as suffering from tuberculosis. Of these, 8 cases were respiratory and 3 non-respiratory. Their age groups and classification are shown in Tables 17 and 18. In addition, 11 cases already notified in other areas came into the County Borough.

*Deaths*

(Tables 15 to 18, pages 39 and 40). The number of deaths and the death-rates from tuberculosis per thousand of the population were as follows:

								<i>No. of Deaths</i>	<i>Death- Rates</i>
Respiratory tuberculosis	..	..	..	..	..	..	..	7	0.06
Other forms	..	..	..	..	..	..	..	0	0.00
Totals	..	..	..	..	..	..	..	7	0.06

Table 17 gives the total tuberculosis death-rates for Northampton and for England and Wales during the last ten years.

TABLE 17  
Total Tuberculosis Death-rates in Each Year of the Decennium

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
England and Wales .. ..	0.10	0.09	0.08	0.07	0.07	0.06	0.06	0.05	0.04	0.04
Northampton .. ..	0.11	0.11	0.12	0.03	0.10	0.05	0.06	0.05	0.01	0.06

TABLE 18  
Tuberculosis Notifications and Deaths

<i>Years</i>	<i>Notifications</i>			<i>Deaths</i>		
	<i>Respira- tory</i>	<i>Non-res- piratory</i>	<i>Totals</i>	<i>Respira- tory</i>	<i>Non-res- piratory</i>	<i>Totals</i>
1958	51	5	56	10	1	11
1959	32	8	40	11	—	11
1960	31	7	38	12	—	12
1961	27	3	30	2	1	3
1962	35	10	45	9	1	10
1963	25	11	36	3	2	5
1964	30	8	38	6	—	6
1965	19	3	22	3	2	5
1966	15	13	28	1	—	1
1967	8	3	11	5	2	7

TABLE 19  
Tuberculosis. Age Groups for New Cases and Deaths

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	—	—	—	—	—	—	—	—
1—4 years ..	1	—	1*	—	—	—	—	—
5—9 years ..	—	1	—	—	—	—	—	—
10—14 years ..	—	—	—	—	—	—	—	—
15—19 years ..	—	—	—	—	—	—	—	—
20—24 years ..	—	—	—	—	—	—	—	—
25—34 years ..	2	1	—	—	—	—	—	—
35—44 years ..	1	—	1	—	1	—	—	—
45—54 years ..	2	—	—	1	—	1	—	—
55—64 years ..	—	—	—	—	—	—	—	—
65 and upwards ..	—	—	—	—	4	1	—	—
Totals .. ..	6	2	2	1	5	2	—	—

\*Site of lesion unknown.

TABLE 20  
Tuberculosis. Classification of New Cases

Classification	Notified Cases			Deaths of Cases Not notified		
	M.	F.	Total	M.	F.	Total
Respiratory Tuberculosis .. .. .	6	2	8	—	—	—
Other Forms:						
Meninges and Brain .. .. .	—	—	—	—	—	—
Peritoneum and Intestines .. .. .	—	—	—	—	—	—
Bones and Joints .. .. .	—	—	—	—	—	—
Glands .. .. .	—	—	—	—	—	—
Other Organs .. .. .	1	1	2	—	—	—
Site unknown (child) .. .. .	1	—	1	—	—	—
Totals .. .. .	8	3	11	—	—	—

### *B.C.G. Vaccination*

During the year, 1,374 persons (tuberculin negative) were vaccinated with B.C.G. vaccine. 144 of these were contacts, and 1,230 were school children, compared with 234 and 1,660 respectively during 1966.

B.C.G. vaccination continued to be available to the following groups:

- (i) children between their thirteenth and fourteenth birthdays;
- (ii) children who are approaching thirteen years of age and can conveniently be vaccinated along with others of that age;
- (iii) children of fourteen years of age and older;

- (iv) children aged ten years or more with the intention of permitting B.C.G. vaccination at an earlier age than 13 years where this appeared to be justified by the risk of tuberculous infection during later school life; and
- (v) students attending universities, teacher training colleges, technical colleges or other establishments of further education.

### *Care Work and After Care*

Twenty patients received milk free of charge during the year from the Care Committee and fourteen are receiving it at the moment.

Grants (for travelling expenses) amounting to £50 were made to a young family who had a small boy in an Oxford Hospital with T.B. meningitis for more than six months. Several other grants were made, but some cases put before the Care Committee now qualify for help through the Ministry of Social Security, and for this reason a regular grant of 25s. per month which used to be made to a patient has now ceased. One patient received a holiday grant of £20, another received £15 and there were several smaller holiday grants.

Thirty-four tuberculosis and twenty-one non-tuberculosis chest patients received Christmas gifts through the post and all patients from the borough in Creton Hospital at Christmas were visited by members of the Committee and each received 30s. as a Christmas gift. The usual visit was made to patients at St. Crispin Hospital.

The Club and Handicrafts Class is meeting at present. Mrs. Wilkinson attends regularly as President but the number of patients is decreasing due to death or illness. The Committee provided an afternoon coach tour and a Christmas Party for the Club members.

The Committee was represented at the Conference of the County Care Committees at Rothwell and Wellingborough.



# HEALTH SERVICES



## MATERNITY AND CHILD WELFARE

The inability to advertise during the year the vacancy created by the tragic death of Dr. W. Parkinson on the 5th June left a serious gap in the Maternity and Child Welfare Services.

The long awaited start on the first of the Council's multi-purpose clinics, which had been thought likely in 1967, was again deferred by the Ministry of Health until 1969-70. This constituted a major set-back to the plan for the improvement of the clinic facilities provided in the town. The fact that an authority such as Northampton, with a population of almost 122,000 should be expected to provide proper services for the expectant mother and young child with only one purpose-built clinic erected in 1936 in the centre of the town, and grossly inadequate for the demands made upon it, is a matter for considerable concern. Although three child welfare clinics are held each week in this central clinic another fourteen sessions are held in temporary premises in various parts of the town. Many of the temporary premises leave much to be desired as clinic premises and the provision of peripheral clinics with proper accommodation for the variety of work now expected of a local health authority in relation to care of mothers and young children is long overdue. Decentralisation of associated services such as health visiting could also be achieved by the building of these clinics.

Table 22 on page 46 gives details of the work carried out at child welfare centres.

### *Sale of Welfare Foods*

Distribution of welfare foods and proprietary brands of milk and other preparations was undertaken at St. Giles' Street Clinic and at each of the child welfare centres held in temporary premises. The 'shop' at St. Giles' Street Clinic is open each day during normal office hours and is staffed by permanent whole-time paid staff. At other centres the foods are sold by voluntary workers who provide a valuable service for the authority in this way.

TABLE 21

<i>Commodity</i>	<i>Main Centre</i>	<i>Outlying Centres</i>	<i>Total</i>
National Dried Milk (tins) .. .. .	11,550	9,854	21,304
Cod Liver Oil (bottles) .. .. .	896	1,133	2,029
Vitamin A and D tablets (packets) .. .. .	1,371	957	2,328
Orange Juice (bottles) .. .. .	13,699	19,609	33,308
<b>PROPRIETARY FOODS:</b>			
Dried Milk .. .. .	5,335	16,281	21,616
Cereal Foods .. .. .	6,704	5,761	6,704
Vitamins (Preparations) .. .. .	5,085	29,628	34,713
Other Products .. .. .	700	3,289	3,989

### *Voluntary Work*

The Northampton Maternity and Infant Welfare Voluntary Association continued to give assistance each week at Infant Welfare Centres. The Association, whose membership was approximately 145, helped with the sale of baby foods, baby weighing, etc., and their contribution is much appreciated by the medical staff and the mothers who attended the clinic. They also organised the Mothers' Club held at the St. Giles' Street building on Tuesday and Wednesday evening (September—April). Classes included children's dressmaking, toy making, leatherwork and other handicrafts.

TABLE 22  
Infant Welfare Centres—Attendances

CENTRE	Mothers	Children under 1 year	Children over 1 but under 2 years	Children over 2 but under 5 years	Total	Consultations by Medical Officers
Abington Avenue Thursday	2,842	2,111	549	642	3,302	222
Boothville 2nd & 4th Monday	1,025	704	260	71	1,035	256
Broadmead Avenue Monday	3,601	2,435	882	1,400	4,717	191
Dallington Monday	1,606	1,351	392	236	1,979	186
Doddridge Wednesday	3,095	2,425	801	680	3,906	402
Duston Monday	3,998	3,206	827	337	4,370	607
Far Cotton Monday	2,739	2,350	585	34	2,969	194
Kings Heath Thursday	2,228	1,779	646	541	2,966	191
Kingsley Monday	3,739	2,634	728	938	4,300	335
Kingsthorpe Wednesday	3,621	2,520	609	102	3,231	292
Kingsthorpe Friday	2,434	1,931	804	642	3,377	141
St. David's Friday	1,229	1,163	144	503	1,810	161
St. Giles' Tuesday	2,601	1,743	672	783	3,198	331
St. Giles' Wednesday	2,524	1,990	566	198	2,754	224
St. Giles' Friday	1,866	1,474	419	260	2,153	195
Westone & Weston Favell Thursday	1,873	1,026	467	476	1,969	172
Wheatfield Road Friday	1,509	923	378	490	1,791	159
Total attendances	42,530	31,765	9,729	8,333	49,827	4,259
Total no. of children who attended during year	—	1,826	1,617	1,691	5,134	—

## *Dental Care*

The priority dental service operates in conjunction with the School Dental Service and provides free dental care for expectant and nursing mothers and pre-school children. The equivalent of one session a week is devoted to this work.

The Dental Officers report that they prefer to see children about the age of three when advice and necessary treatment can be given.

The School Clinic is open every weekday at 1.30 p.m. for these inspections.

TABLE 23  
Summary of Dental Work

	<i>Children 0-4 Inclusive</i>	<i>Expectant and Nursing Mothers</i>
First Visit .. .. .	134	5
Subsequent visits .. .. .	145	15
Total visits .. .. .	279	20
Number of fillings .. .. .	225	2
Teeth filled .. .. .	202	2
Teeth extracted .. .. .	82	6
General anaesthetics given .. .. .	44	2
Teeth otherwise conserved .. .. .	87	
Number of courses of treatment completed during the year	89	2
<b>DENTURES PROVIDED :</b>		
Full upper or lower .. .. .		2
Other dentures .. .. .		1

## *Nurseries and Child Minders*

The Nurseries and Child Minders (Regulation) Act, 1948, requires all those who care for three or more children under the age of five years for reward to register with the local authority.

At the end of the year, there were on the register, twenty daily minders (including those running part-time play groups), one industrial nursery and three private day nurseries, providing care for 330 children.

A high standard of care is demanded in day nurseries. Suitably qualified staff must be employed and the ratio of children to staff is defined. Emphasis is placed on good hygiene and the standard of meals provided is carefully watched. Before registration, each nursery is inspected by the Fire Officer and all safety measures checked. Regular visits are made by members of the health department medical staff.

Where only small numbers of children are received into a home frequent visits by members of the staff of the Department are essential to ensure that the care and supervision of the children is adequate.

The requirements of the Act with regard to registration are published in the local paper from time to time as unregistered cases occasionally come to the notice of the Department.

### *Congenital Abnormalities*

All congenital abnormalities are notified on the birth card and full details are sent to the Registrar-General each month. During the year forty-two infants were born with recognisable abnormalities. Of these, four were stillborn, three died within twenty-four hours and two within two weeks. This compares with twenty-nine notifications during 1966, and forty-five during 1965.

	1967	1966	1965
Central nervous system .. .. .	6	6	15
Uro-genital system .. .. .	4	1	2
Alimentary system .. .. .	2	1	1
Cardiovascular system .. .. .	1	1	3
Limbs .. .. .	16	7	15
Skeletal defect .. .. .	—	1	1
Cleft palate and hare lip .. .. .	2	6	2
Eyes, ear .. .. .	3	2	1
Hydrops .. .. .	2	1	3
Mongol .. .. .	2	1	2
Defects of skin .. .. .	2	2	—
Other malformations .. .. .	2	—	—
	—	—	—
	42	29	45
	—	—	—

### *Care of Premature Infants*

There were 137 premature live births and 16 stillbirths notified compared with 138 and 19 respectively last year. Of the 5 born at home, all survived the first week of life.

Most small premature babies born at home or in St. Edmund's Maternity Unit are transferred to the Barratt Premature Baby Unit for special care and nursing.

### *Unmarried Mothers*

The Local Health Authority accepted financial responsibility for two young unmarried mothers who were confined out of town and shared responsibility for one other girl.

Applications from unmarried mothers for maternity beds in local hospitals continued to rise in 1967 and follow-up care of the mother who decides to keep her baby is undertaken by the health visitor.



## MIDWIFERY

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Sixty-seven midwives were practising in Northampton County Borough on 31st December, 1967, as follows:

Domiciliary (including 2 administrative staff)	..	..	..	11
St. Edmund's Maternity Unit	..	..	..	13
Barratt Maternity Home	..	..	..	39
Other Maternity Homes	..	..	..	4

### *Domiciliary Midwifery*

The domiciliary midwifery service, which had previously been provided by the Northampton Branch of the Queen's Institute of District Nursing, was transferred to the local authority on the 1st April, 1967. The change also made it necessary to relinquish the premises previously used by this service, and by the end of the year arrangements had been made for the lease of office accommodation close to the Health Department. Although the transfer was planned to take place on the 31st December, 1967, the work of adaptation had not been completed by this date.

The impending change from residential to non-residential premises to office premises open five days a week called for a review of the organisation in order to maintain a twenty-four hour service. This review was proceeding smoothly at the end of the year, due in no small measure to the goodwill and co-operation of the midwives themselves.

Owing to the increasing number of hospital confinements the stresses on the domiciliary midwifery service were considerable. The need to reconcile a low number of home deliveries (261 compared with 369 in 1966) with the provision of twenty-four hour cover, training for pupil midwives and an adequate service for early hospital discharges gave cause for much anxiety.

The staff on the establishment at the end of the year consisted of the Superintendent and the Non-Medical Supervisor of Midwives; an Assistant Superintendent and seven midwives, five of whom were part-time. Training was provided for eleven pupil midwives during the year.

The Council provided cars for district midwives if required, or alternatively assistance is given with the purchase of private cars, the midwife receiving a car allowance. Housing accommodation is available to midwives on appointment.

Further details of the work of the domiciliary midwifery service are given below:

#### A. *Deliveries attended by Domiciliary Midwives during 1967*

(i) (a) Doctor not booked but present at delivery	..	..	..	—
(b) Doctor not booked and not present at delivery	..	..	..	1
(ii) (a) Doctor booked and present at delivery	..	..	..	64
(b) Doctor booked and not present at delivery	..	..	..	196
(iii) Total deliveries attended..	..	..	..	261

B. (i) Number of cases in which gas and air was administered by midwives	..	..	..	..	..	..	216
(ii) Number of cases in which 'trilene' was administered by midwives	..	..	..	..	..	..	53
(iii) Number of cases in which pethidine was administered by midwives	..	..	..	..	..	..	126

C.	Number of cases attended by domiciliary midwives after discharge from hospital before the tenth day .. .. .	967
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#### D. *Ante-Natal Clinics*

Ante-natal clinics continued to be held at the Q.I.D.N. premises during the whole of 1967. Details of these are as follows:

(i)	Number of sessions held .. .. .	202
(ii)	Number of women who attended above clinic for ante-natal examination .. .. .	1,498
(iii)	Total number of attendances .. .. .	2,938

#### E. *Ante-Natal, Mothercraft and Relaxation Classes*

One ante-natal clinic was held weekly at St. Giles' Street Clinic where patients booked for home confinement or for St. Edmund's Maternity Unit, attend for blood tests.

(iv)	Number of sessions at St. Giles' Street Clinic .. .. .	47
(v)	Number of attendances made by women for blood tests .. .. .	2,067

The level of attendance at the weekly mothercraft and relaxation classes held at St. Giles' Street Clinic was maintained and during the year 590 expectant mothers made 2,445 attendances. In addition to dealing with patients booked for home confinement the classes are also attended by mothers booked for St. Edmund's Maternity Unit, and the Barratt Maternity Home.

## HEALTH VISITING

The staff on the establishment at the end of the year consisted of the Superintendent, 10 health visitors and 9 school nurses. One student health visitor was seconded for training.

The continued shortage of qualified health visitors prevented any extension of the scheme introduced in 1966 for attachment of health visitors to general practitioners. Nevertheless all of the staff were allocated to group practices at the end of the year. This scheme was welcomed by practitioners and when the staff position improves sufficiently further attachments will be arranged.

Visits, given below, show a slight reduction on those for 1966, but with the increasing use of selective visiting, the effectiveness of this work was probably improved. The staff continued to co-operate to the full with staffs in other sections and departments concerned with the welfare of the child and family and in particular with those children suffering from some form of handicap.

	Number of Cases
To expectant mothers .. .. .	1,207
To children born in 1967 .. .. .	2,425
To children born in 1966 .. .. .	2,825
To children born in 1962-65 .. .. .	4,131
To persons aged 65 or over .. .. .	259
To mentally disordered persons .. .. .	—
To persons discharged from hospital other than mental hospital or maternity homes .. .. .	71
To tuberculosis households .. .. .	19
To households visited on account of other infectious diseases .. .. .	149
To other cases .. .. .	116

## HOME NURSING

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This service, which was previously provided by the Northampton Branch of the Queen's Institute of District Nursing on behalf of the Council, was transferred to the local authority on the 1st April, 1967. As with the domiciliary midwifery service this transfer meant that arrangements had to be made for alternative premises to be available and for considerable re-organisation to provide an effective service in the new circumstances.

Much of the groundwork of a review of the district organisation and records had been completed by the end of the year and steps had been taken to introduce revised procedures when the actual transfer of premises took place.

At the 31st December, 1967, the establishment consisted of the Superintendent, an Assistant Superintendent and 22 home nurses, 7 of whom were part-time.

A summary of the work of the service during the year is given below :

								<i>Cases</i>	<i>Visits</i>
Medical	..	..	..	..	..	..	..	603	40,318
Surgical	..	..	..	..	..	..	..	158	3,676
Maternal	..	..	..	..	..	..	..	2	19
Others	..	..	..	..	..	..	..	57	1,413
								<hr/> 820	<hr/> 45,426
Patients over 65 at first visit	..	..	..	..				422	32,371
Patients under 5 at first visit	..	..	..	..				22	126

## AMBULANCE SERVICE

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This service is undertaken on behalf of the Health Committee by the Fire, Civil Defence and Ambulance Services Committee and the officer in charge is the Chief Fire Officer. The service covers infectious disease cases as well as general ambulance work and accidents and the following summarises the work carried out :

				<i>Ambulances</i>	<i>Cars</i>	<i>Totals</i>
Vehicles on 31.12.67	..	..		7	6	13
Journeys	..	..	..	14,908	10,803	25,711
Patients carried	..	..	..	30,983	34,695	65,678
Accidents and other emergency journeys included above	..			1,430	209	1,639
Total mileage	..	..	..	103,333	115,394	218,727

Of the total mileage of 218,727, journeys within the County Borough amounted to 153,514 miles and those to destinations outside to 65,213. There were 675

journeys of 50 miles or more which accounted for 57,867 of the 65,213 miles. The 1967 mileage of 218,727 compares with 168,187 in 1966. The average monthly mileage in 1967 was 18,223 compared with 14,016 in 1966. On 31st December 1967, the paid whole-time drivers and attendants number 25 plus one Ambulance Station Officer. Each of the six sitting case vehicles can be converted to take a stretcher case. Whenever possible, railway facilities were used for the longer journeys. There were 67 patients conveyed by British Rail in 1967, totalling 6,718 miles.

There were 484 persons conveyed by motor ambulance or sitting case vehicle at the request of the Ministry of Pensions, or the Ministry of Health to artificial limb and appliance centres, mainly at Leicester and Nottingham involving 164 journeys. and a mileage of 9,114.

## ILLNESS PREVENTION, CARE AND AFTER CARE

### *Cervical Cytology*

The Council's proposals under Section 28 of the National Health Service Act were amended in 1966 to provide a cervical cytology service.

The service is staffed by women medical officers who have received post-graduate training from the Senior Consultant Obstetrician and Gynaecologist, and is restricted to those aged 35-60 years. In addition to obtaining a smear, a clinical inspection is made of the cervix, abdomen and breasts in order to detect other possible diseases or other forms of cancer which may be present.

All equipment used—gloves, spatulae and speculae, is pre-sterilised and disposable thus overcoming difficulties of satisfactory sterilising equipment and obviating any risk of transmitting infection.

The table which follows gives a summary of the work of the clinic; patients being analysed according to social class and age.

TABLE 24  
Cytology Clinic, 1967

PATIENTS ATTENDING:

AGE

Grouping	Under 25	25-30	30-35	35-40	40-45	45-50	50-55	55 and over	Total
1	—	6	5	4	4	—	1	3	23
2	—	15	20	44	29	23	5	5	141
3	8	41	113	107	64	58	39	12	442
4	—	6	13	15	17	2	2	5	60
5	—	5	4	2	6	9	2	2	30
Total	8	73	155	172	120	92	49	27	696
Referrals Positive	—	—	—	2	2	—	—	—	4

Unfortunately, the figures show that relatively few patients in social groups four and five made use of the service during the year and efforts continued to be made by medical officers and health visitors to encourage women in these groups to attend the clinic. To this end members of staff continued to give talks on this subject to voluntary groups where requested.



### *Chiropody*

Chiropody services for the aged are essential if serious attempts are to be made to keep the ageing population mobile.

The service has gradually expanded since 1961 as the following table illustrates :

<i>Year</i>	<i>Number of Elderly Persons Treated</i>
1961	736
1962	785
1963	786
1964	880
1965	1,000
1966	1,178
1967	1,781

The Ministry consider it appropriate for Health Authorities to make charges for the service and the following financial arrangements were in operation on 31st December, 1967 :

The Chiropodist's fee is 10s. 6d. per treatment at the surgery, the recipient paying 3s. 6d. and the Local Authority the remaining 7s. 0d. Domiciliary treatment costs 17s. 0d., the patient paying 5s. 6d. and the Authority 11s. 6d.

Chiropodists employed in Local Authority Schemes must possess one or other of the qualifications as stated in Section 3 of the National Health Service (Medical Auxiliary) Regulations, 1954.

A serious obstacle to expanding this service is the national shortage of properly qualified chiropodists. It is hoped that chiropodists will be directly employed by the authority when health centres materialise.

### *Nursing Homes*

On 31st December, 1966, six nursing homes were on the register kept under Section 187 of the Public Health Act, 1936, viz

<i>Home</i>	<i>Registered for</i>
St. Matthew's Nursing Home, 29/31 St. Matthew's Parade	22 patients (not more than 4 to be maternity cases)
London Adoption Society, 'Elmleigh', 114 Harlestone Road	18 maternity patients
'Parkdale' Nursing Home, 475/477 Wellingborough Road	14 patients
St. Saviour's Home, 103 Harlestone Road	17 maternity patients
Lynwood Nursing Home, 39 East Park Parade	16 patients

### *Family Planning*

Consequent upon the National Health Service (Family Planning) Act, 1967, proposals for an extension of the existing service, run on behalf of the Authority by the Family Planning Association, to cater for those in need of this service on social grounds, were ready for submission to Committee at the end of the year.

### *Convalescence*

In accordance with the Council's scheme under Section 28 of the National Health Service Act, 1946, six persons received recuperative convalescence for two weeks. They were assessed to contribute towards the cost according to their means. Cases were sent to the following homes:

St. Joseph's Convalescent Home, Bournemouth	..	..	..	2
Lloyd Memorial Convalescent Home, Deal	..	..	..	1
Winged Fellowship Holiday Home, Redhill	..	..	..	1
Bell Memorial Home, Lancing	..	..	..	1
St. Michael's Convalescent Home, Clacton-on-Sea	..	..	..	1

### *Nursing Aids*

The Department provides a variety of aids to assist in the nursing of patients in their own homes. During 1967 a total of 851 appliances of various types was issued under the Nursing Aids Scheme.

### *Health Education*

Courses on food hygiene were again held during 1967 for persons employed in the catering trade.

Medical officers gave sex biology lectures in schools and talks were also given by nursing staffs, public health inspectors and other members of the Department's staff to various groups of persons on a variety of subjects relating to the health of the community and different aspects of the work of the Department. In addition mothers attending child welfare clinics were given instruction and advice by doctors and health visitors on many matters of general interest and on individual problems.



# SOCIAL SERVICES



## SOCIAL SERVICES

*I. B. Jolley*

*Chief Social Services Officer*

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In May the Establishment Sub-Committee approved a new structure for the social services incorporating social welfare, mental welfare, and home help services and this began to take shape on 1st November when Mr. Jolley took up his appointment as Chief Social Services Officer.

It is too early to say how this development will finally emerge but plans have been made to establish new indexes and statistical records which will provide a foundation on which an assessment can be based.

Whilst still specialising in the mental health service, welfare services for the aged and homeless, the blind and for the general classes of physically handicapped, the social workers are aware that in personal services the emphasis should be on the individual and the total situation, since families and individual patients often have multiple problems and handicaps.

Grouping field workers within a central administrative system should go a long way towards the goal of offering more comprehensive and complementary social help.

### *Staff Development and Training*

Two social workers and one welfare assistant were seconded to training courses with a view to their obtaining general certificates in social work. This has meant that during the year the remaining social workers have found it difficult to meet the demands made on their services. It is clearly recognised, however, that experienced and qualified staff are needed to deal with the wide variety of social problems which present themselves and meet the demands for a better service to clients and community. It is only possible to provide adequate support in casework practice to untrained staff if a high proportion of the social workers are qualified. Only one social worker on the staff at the present time has obtained the general certificate in social work.

Discussions have taken place with representatives of other departments of this Authority and the County Council and Northampton College of Technology with a view to establishing a programme of in-service training for new recruits and unqualified staff.

Such a course would cover the organisation and provisions of the social services having special reference to local provision and practice; tuition on the principles of social work; understanding society and individual behaviour would be undertaken. For some this in-service training would be preliminary to eventual secondment to full-time courses. For others it would be perhaps the only opportunity apart from practice and supervision, to widen their knowledge and experience. Unfortunately it was not possible to introduce such a course before the end of the year.

## 1—SOCIAL WELFARE SERVICES

### *Residential Accommodation*

The Council provides in its six homes, residential accommodation for 100 men and 127 women—a ratio of 13·5 beds per 1,000 of the estimated population in the Borough aged sixty-five and over.

In 1965 the highest ratio of places provided in County Boroughs was 32·1 and the lowest, 7·6. At that time the Minister asked authorities to reconsider their plans if a ratio of less than 15 places per 1,000 was provided.

The shortage of accommodation has resulted in a long waiting list being established. On the 31st December, 1967, 44 men and 138 women were on this list with the result that corresponding pressures were placed on the supportive services such as Home Help and Meals on Wheels. This situation is also reflected in the pressure placed on the Hospital Service. On the 31st December, 1967, there were 48 people occupying hospital beds although considered suitable for transfer to Old Persons Homes.

Plans are well advanced and a start should be made early next year on the home for the elderly at Lakeview. This development should be completed early in 1969 and will accommodate a further 48 elderly persons. A similar Old Persons' Home is included in the Capital Building Programme for 1969-70.

### *Short Term Care*

Short term care continued to be provided wherever possible to relieve relatives and enable them to get away on holiday. The demand for this service exceeded the provision available. During the year 7 men and 11 women were admitted for periods varying from one to four weeks. Reasons for admission to short term care were as follows:

Emergency (breakdown of family arrangements)	5 men, 1 woman
Holiday relief .. .. .	1 man, 6 women
Family relief .. .. .	1 man, 4 women
Trial period .. .. .	1 man

One man who was admitted for temporary care subsequently became a permanent resident when his daughter who was caring for him died and one man who was admitted in emergency has had to remain in care for an indefinite period whilst his wife receives treatment in hospital.

### *Day Care*

In addition to providing short periods of full-time admissions to the Homes, consideration has been given to the possibility of providing day care to enable elderly people who were suitable and could sleep at home and remain at home at weekends, to continue to do so, whilst their relatives who care for them continue in employment. The shortage of sitting room and dining room space within the present Homes and the need to provide additional staff to look after day patients have been obstacles to making any headway with such a scheme.

Light work was undertaken by 5 men and 14 women residing in the Homes for which they received a payment not exceeding 10s. 6d. per week. Whilst every opportunity is taken to encourage residents to take an active interest in their Home

the number who can be expected to do so, becomes less as their average age and infirmity increases. Free chiropody treatment is available and is of great importance in maintaining mobility amongst the residents.

The standard charge in the Old Persons' Homes was increased from £7 0s. 0d to £8 8s. 0d. per week from the 1st April, 1967. In the event of any person being admitted who was not able to pay the full cost, a financial assessment was made and they were charged in accordance with a standard scale. In every case a minimum payment of £3 12s. 0d. was required and the resident retained 18s. 0d. pocket money. Details of the accommodation provided in the Council's Homes for the Elderly are given below :

<i>Home</i>	<i>Accommodation provided</i>		<i>Residents accommodated on 31.12.67</i>	
	<i>Men</i>	<i>Women</i>	<i>Men</i>	<i>Women</i>
Kings Heath Home of Rest, North Oval	15	18	15	18
'Barnfield', 127 Harlestone Road ..	13	13	13	12
'The Priory', 260 Billing Road East ..	24	—	24	—
'Nicholls House', 9, 10 & 11 St. George's Avenue .. .. .	18	20	18	20
'Hillcrest', 67-69 Queen's Park Parade ..	16	35	15	35
'Lalgates', 119 Harlestone Road ..	14	41	14	40

In addition to those elderly people admitted to the Old Persons' Homes for short term care 78 were admitted as permanent residents as follows :

Admissions from St. Edmund's Hospital .. .. .	34
.. .. . Middlesex House .. .. .	1
.. .. . St. Crispin Hospital .. .. .	6
.. .. . Harborough Road Hospital .. .. .	1
.. .. . Pitsford Hospital .. .. .	1
.. .. . clients own home .. .. .	35
	—
	78
	—

In the case of 40 of the admissions from hospitals it was necessary to arrange an exchange with residents from the Homes who required hospital care and were no longer suitable for welfare accommodation.

I would like to express the thanks of the residents and staff to the W.R.V.S., the clergy, the voluntary workers and members of various organisations who took an interest in the activities of the Homes. The work which is being done by them is very much appreciated.

### *Staff in Residential Homes*

In October, 1962, the National Council of Social Service appointed a Committee under the Chairmanship of Lady Williams, C.B.E., which was charged with the duty of enquiring into and making recommendations concerning the recruitment, training and field work of the staff of residential establishments. The report which was published in 1967, provided for the first time a comprehensive review in this field of social work.

It is increasingly difficult to recruit and retain suitable staff within the residential establishments provided by the Council. One of the most discouraging factors being the low status which residential work holds in the eyes of the public. The im-

plementation of the report, which will lead to the provision of a better residential service, highlights the importance of training, a career structure and improved conditions of service including staff accommodation.

During the year a regional officer of the Ministry of Health visited the Homes and confirmed views which were already held that it was necessary to look closely at the staff establishment, accommodation and training. Meetings of the Superintendents which commenced at the end of the year are now taking place regularly. These are planned to act as forerunners to a course of lectures and demonstrations for all residential staff.

The new staff bungalow which is being built in the grounds of 'Hillcrest' was partially completed at the end of the year and will be a great improvement on the quarters at present occupied by the Superintendent and his wife.

### *Warden Supervised Accommodation*

In 1958 the Ministry of Housing and Local Government asked local authorities to make special provisions for old people, who whilst not invalids, needed some assistance from time to time. It was suggested that small grouped dwellings should be provided and a resident warden appointed who could give advice and assistance when needed.

In December, 1967, the first warden was appointed in Northampton to support the residents in a group of the fourteen new flats and bungalows in the Lakeview development area.

All the bungalows and flats are connected to the warden's accommodation by an internal telephone system and she has been able to assist the elderly people by friendly contact to live as independently as possible, whilst at the same time noting and referring to the appropriate service any residents who needed additional support.

In addition to Homes provided directly by this authority financial responsibility is accepted for Northampton residents in the following voluntary homes.

#### *Nazareth House*

This Home is situated in Northampton. Arrangements are in operation whereby 18 beds are available. The County Borough Council pay an agreed weekly sum for each resident for whom they are responsible and residents are assessed to contribute towards the cost of their care. Six men and ten women were in residence under this scheme on the 31st December, 1967.

#### *St. John's Convalescent Home*

This Home is situated in Northampton. Two men and five women for whom this Authority is responsible were in residence on the 31st December, 1967.

Accommodation is also available in this Home for Short-term care.

#### *Homes for the Elderly situated outside Northampton*

On 31st December, 1967, the Council had undertaken financial responsibility for residents in the following Homes:

	Males	Females	Totals
Danetre Hospital, Daventry .. .. .	1	—	1
Salvation Army Home, Netherfield House, Stanstead Abbots .. .. .	1	—	1
Evelyn Wright Home, Daventry .. .. .	—	1	1
	—	—	—
	2	1	3
	—	—	—



### *Special Accommodation*

On 31st December, 1967, the Council had accepted responsibility for handicapped persons in the following Homes:

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
'Wardington Court' Home for the Blind .. ..	2	2	4
David Lewis Epileptic Colony, Manchester ..	—	1	1
Ampthill Cheshire Home .. .. .	—	1	1
Chalfont Epileptic Colony, Chalfont St. Peter, Bucks.	2	1	3
'Darsdale' Home for the Blind, Raunds .. ..	—	1	1
Ernest Ayliffe Home for Deaf and Dumb, Rawdon, Leeds .. .. .	—	1	1
Coombe Farm Residential Centre, Croydon ..	1	—	1
Marlborough House Hostel .. .. .	1	—	1
Langho Colony .. .. .	1	—	1
Gossfield House, Breconshire .. .. .	1	—	1
'Nims Lodge', Market Harborough .. .. .	—	1	1
	<hr/> 8	<hr/> 8	<hr/> 16

### *Homeless Families*

Accommodation for 21 families totalling 82 persons was provided during the year at 4 The Mounts. Six families stayed there for less than one month, 14 less than six months and 1 for almost eighteen months.

Ten families were discharged to private houses, 4 were granted tenancies of the Council's normal houses, 1 the tenancy of a substandard house, 1 woman was admitted to a mental hospital and her child taken into care by the Children's Department, 1 woman made private arrangements for the care of her only child and took up residence in the Y.W.C.A. Hostel and 4 families left for unknown addresses.

A great deal of the social workers time was devoted to assisting these families and this is reflected in the relatively short periods which most of them remained in the temporary accommodation.

### *Private Homes for Aged or Disabled Persons*

The Council is responsible under Section 37 of the National Assistance Act, 1948, for the registration and inspection of Homes for disabled and aged persons situated within the County Borough. There are 12 such Homes. No new applications for registration were received during the year, but applications were approved from two of them to change the number of places provided. These changes are shown in the following list, the figures for last year being indicated in brackets.

The object of registration and inspection is to enable the Council's officials to advise proprietors on the standards of management, construction, staffing and equipment comparable with those outlined in the National Assistance (Conduct of Homes) Regulations, 1962, and may involve recommendations from the Chief Fire Officer and Chief Public Health Inspector.

<i>Home</i>	<i>Accommodation</i>
Nazareth House, 116 Harlestone Road ..	82 (82) old persons, either sex
Oakwood Home, 8 The Drive .. .. .	14 (14) old persons, either sex
'Roseland', 41 Park Avenue South .. ..	12 (12) old persons, either sex

<i>Home</i>	<i>Accommodation</i>
St. Christophers, Abington Park Crescent ..	32 (33) old persons, either sex
St. George's Homestead, 25-26 St. George's Avenue .. .. .	22 (22) aged women
'The Briers', 69 Collingwood Road .. ..	9 (9) old persons, either sex
'Wardington Court' Home for the Blind, Welford Road .. .. .	20 (20) disabled and old persons, either sex
Parkway Geriatric Home, 133-135 Birchfield Road .. .. .	15 (15) old persons, either sex
'The Ingle', 25 Abington Park Crescent ..	9 (9) old persons, either sex
'Springfield', 45 Queen's Park Parade ..	10 (10) persons, either sex
St. John's Convalescent Home, Weston Favell	24 (24) persons, either sex
'Nims Lodge', 38 The Crescent .. ..	9 (5) old persons, either sex

### *Physically Handicapped Persons*

The register of physically handicapped persons which is maintained by the Department, contained the names of 157 (104) men and 178 (120) women on the 31st December, 1967, figures for the previous year are given in brackets

Registration, which is voluntary, usually follows referral to the Department from hospitals, social work staff, private doctors, relatives and friends of the patients. The following table gives details of the registrations of severely handicapped persons other than the deaf and hard of hearing, blind and partially sighted.

TABLE 25

<i>Major Handicaps</i>	<i>Under 16</i>	<i>16-29</i>	<i>30-49</i>	<i>50-64</i>	<i>65 or over</i>	<i>Total</i>
1. Amputation .. .. .	—	—	1	6	12	19
2. Arthritis or rheumatism .. .. .	1	1	5	29	58	94
3. Congenital malformations or deformities ..	2	11	12	—	1	26
4. Diseases of the digestive and genito-urinary system, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin .. .. .	—	—	5	14	20	39
5. Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine .. .. .	1	2	7	9	13	32
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. .. .. .	—	8	29	35	22	94
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6 ..	—	2	7	10	8	27
8. Tuberculosis (respiratory) .. .. .	—	—	—	1	—	1
9. Tuberculosis (non-respiratory) .. .. .	—	1	—	1	3	5
10. Diseases and injuries not specified above ..	—	—	1	—	—	1
11. Total .. .. .	4	25	67	105	137	338



GLADSTONE CENTRE COACH



New registrations during the year amounted to 32.1% of the total register and a number of factors contributed to this increase. The attachment of health visitors to general medical practitioners which took place at the end of 1966 has enabled family doctors to use the local authority services more effectively. The public have been stimulated into a new awareness of the facilities and services for handicapped people following the official opening of Gladstone Centre by H.R.H. Princess Marina, Duchess of Kent, on 15th March, 1967.

The majority of severely handicapped people require continuous help and support to make it possible for them to remain in the community with their families. Many of the patients in this particular group suffer from progressive disabling illnesses and their continuous need for help makes it imperative that periodic relief is provided.

### *Sheltered Workshop*

In response to a circular letter dated September, 1965, from the Ministry of Labour entitled "Provision of Sheltered Employment for Blind, Partially Sighted and Severely Disabled Persons" careful enquiries by the Ministry of Labour of the 200 registered disabled persons unemployed in the Northampton area supported the suggestion that the local authorities would be justified in setting up a sheltered workshop in the area.

Following a series of meetings of representatives from the Ministry of Labour hospital authorities, local authorities, voluntary agencies, and industrialists in November, a Committee was formed to undertake the preliminary planning necessary to set up a workshop for 30 to 50 disabled sighted persons.

### *Survey of Young Chronic Sick*

During 1965 following a request from the Ministry of Health, a survey of young chronic sick in Northampton was undertaken to determine the number of such persons in the Borough and to enable an accurate assessment to be made of the needs of this group.

The result of the survey became available in 1967 and is published as an appendix.

I would like to express my appreciation to Dr. A. Barr, Statistician and Chief Records Officer, Oxford Regional Hospital Board, who assisted with compilation of the questionnaire and analysed the eighty-two questionnaire forms.

### *Holidays for the Handicapped*

During 1967 a group holiday was arranged for a party of 280 handicapped persons at Caister Holiday Camp, compared with 106 during the previous year. Staff from the Housing Department, St. John's Ambulance Brigade and the Health Department together with four voluntary helpers, went with the party. This successful holiday was enjoyed by both the patients and relatives and we are most grateful to the voluntary helpers who gave up a week of their annual holiday to assist.

### *Medical Loan Equipment*

Items of medical and nursing equipment are issued without charge on loan to those requiring them. A wide variety of equipment designed to assist patients to live at home is available such as lifting apparatus (hoists), bedpans, waterproof sheets, bathing aids, wheelchairs, walking aids, toilet seats and 'Dunlopillo' mattresses.

In addition many 'aids to daily living' were provided for handicapped people.



### *Car Badges for Severely Disabled Persons*

Yellow identity badges were issued to 73 severely disabled drivers unable to walk more than a short distance, to authenticate their disability. The badge does not of itself confer any legal rights or privileges but is a means of identifying disabled drivers so that those concerned with the control of traffic and enforcement of parking regulations may exercise discretion whenever conditions permit and also as a means of identification at car parks provided by the authority which may be used free of charge by badge holders.

### *Epileptics*

There are 19 persons shown in the following table who were known to the Authority on 31st December, 1967.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
In colonies specially provided for epileptics ..	2	2	4
In residential accommodation .. .. .	3	1	4
School Children (see page 88) .. .. .	4	3	7
On register of handicapped persons .. .. .	4	—	4
Totals .. .. .	13	6	19

### *Persons in Need of Care and Attention*

No action was taken for the removal of a person in need of care and attention under Section 47 of the National Assistance Act, 1948, or the amendment to the Act.

### *Burial of the Dead*

It was necessary for the Authority to arrange 4 burials in accordance with Section 50 of the National Assistance Act, 1948. In all cases full costs were recovered.

### *Admission to Mother and Baby Homes*

During the year 3 admissions to Mother and Baby Homes were sponsored and financial responsibility accepted by the Authority. This compares with 7 admissions during the preceding year. The mothers concerned were assessed in accordance with their incomes to contribute towards the cost.

### *Temporary Protection of Property*

Several cases were dealt with throughout the year where it appeared that there was a danger of loss or damage to moveable property of persons in hospital or welfare accommodation. 'Moveable property' includes furniture and effects, interests in estates, stocks, shares, money tenancies and domestic and farm animals. Several dogs, cats and on one occasion, pigeons, were placed in the care of a boarding establishment and patients were assessed to contribute towards the cost of this service in accordance with their incomes.

## *Blind and Partially Sighted Persons*

### *Registration*

The number of registered blind persons on 31st December, 1967, was 309. During the year under review 38 new cases were registered and there was 1 transfer in. Removals from the register owing to death, persons leaving the area, etc. totalled 33.



### Blind Population

The ages of the blind population in the Borough at the end of the year are shown in the following table :

TABLE 26

	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Totals
Males	—	—	—	1	3	—	5	3	2	9	12	5	11	34	13	9	4	—	111
Females	—	—	—	—	1	—	1	4	7	13	10	9	11	59	40	24	19	—	198
Totals	—	—	—	1	4	—	6	7	9	22	22	14	22	93	53	33	23	—	309

### Register of Partially Sighted Persons

The number of partially sighted persons on the register on 31st December, 1967 was 56. The age classification is as follows :

TABLE 27

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Males	—	—	3	1	3	3	7	17
Females	—	2	—	3	3	8	23	39
Totals	—	2	3	4	6	11	30	56

This compares with a total of 54 at the end of 1966.

### Observation Register

On 31st December, 1967, there were 9 cases under observation. During the year under review 1 case was added and no persons were certified blind or partially sighted from the register.

### Incidence of Blind and Partially Sighted

The following tables give particulars of the 48 blind and partially sighted persons registered during the year.

TABLE 28

Blind—Age at date of registration

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Unknown	Totals
Males	—	—	—	—	—	—	—	—	—	1	—	—	—	1	7	3	4	1	1	18
Females	—	—	—	—	—	—	—	—	—	—	—	—	1	1	9	4	3	2	—	20
Totals	—	—	—	—	—	—	—	—	—	1	—	—	1	2	16	7	7	3	1	38

TABLE 29  
Partially Sighted—Age at date of registration

	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	Total
Males	—	—	—	—	1	—	1	2
Females	—	1	—	—	—	2	5	8
Totals	—	1	—	—	1	2	6	10

### Employment

At the end of the year 35 registered blind persons were employed and the following table gives details of their employment.

TABLE 30

	Masseurs and Physiotherapist	Musicians (inc. music teachers	Other Professional workers	Telephone Operators	Shop Managers etc.	Machine Tool Operators	Viewers Inspectors and Testers	Basket makers	Piano Tuners	Craftsmen and Production Process Workers	Domestic Workers	Miscellaneous Workers	Totals
In Special Workshops	—	—	—	—	—	—	—	—	—	—	—	20	20
Ordinary Conditions	1	1	1	1	2	2	1	1	3	1	1	—	15
Totals	1	1	1	1	2	2	1	1	3	1	1	20	35

### Home Teaching Service

The following is a summary of the work carried out by this service compared with 1966.

	1966	1967
First Visits .. .. .	60	29
Subsequent visits (including Home Teaching) ..	2374	2019
Special interviews at the office .. .. .	331	173

### Holiday Scheme for the Blind and Partially Sighted

Two holiday schemes were organised to assist blind and partially sighted persons. Thirty-three blind and partially sighted persons with 16 guides spent an enjoyable week at Caister Holiday Camp. Twenty-three blind and partially sighted persons and 16 guides spent a happy week at Great Yarmouth. The blind and partially sighted people who took part in these holidays contributed towards the cost and the deficit was shared equally between the Northamptonshire Town and County Association for the Blind and the Authority.



LEATHERCRAFT AT GLADSTONE CENTRE



### *Deaf and Dumb Persons*

The Northants and Rutland Mission to the Deaf are the agents of the Authority for the care of the deaf and hard of hearing. The Reverend Kenneth Earle, Chaplain Secretary of the Mission has kindly submitted the following report on the work carried out during the year :

"Generally speaking visiting in the County Borough of Northampton area is quite unnecessary as most of the deaf attend activities at least three or four times per week. All who are unable to do this are visited at least twice weekly.

"There has been a church service twice a month on Sunday morning and every Sunday evening. Weekday services have been held every Wednesday during the season of Lent and on special occasions.

"General social clubs have been held twice weekly on Wednesday and Saturday evenings and a whist drive has been held every Monday evening. The blind and deaf social has been held once a month in the afternoons and a Darby and Joan Club has been held twice a month in the afternoons. Five large parties have been held during the year and four coach trips. Clear speaking classes have been held twice a month in the evenings.

"Help in terms of interpreting, visits to doctors and hospitals, hearing aid needs, etc., is always available."

The register of the deaf and dumb is divided into three groups :

- (1) Deaf without speech (those who have no useful hearing and whose normal method of communication is by sounds, finger spelling or writing).
- (2) Deaf with speech (those who, even with a hearing aid, have little or no useful hearing but whose normal method of communication is by speech listening and lip reading).
- (3) Hard of hearing (those who, with or without hearing aids have some useful hearing and whose normal method of communication is by speech listening and lip reading).

				<i>Males</i>	<i>Females</i>	<i>Totals</i>
Deaf without speech	..	..	..	23	23	46
Deaf with speech	..	..	..	5	5	10
Hard of hearing	..	..	..	7	7	14
				<hr/> 35	<hr/> 35	<hr/> 70
				<hr/>	<hr/>	<hr/>

### *Meals for the Elderly and Housebound*

The provision of 'meals on wheels' to the elderly and housebound is undertaken in the Borough on an agency basis by the W.R.V.S.

The following figures illustrate the growth of this service :

Meals provided during	1961	..	..	..	..	..	5,147
"	"	"	1962	..	..	..	5,554
"	"	"	1963	..	..	..	7,000
"	"	"	1964	..	..	..	9,270
"	"	"	1965	..	..	..	11,990
"	"	"	1966	..	..	..	15,489
"	"	"	1967	..	..	..	18,178



The W.R.V.S. have two vans, one provided by the Home Office on permanent loan and one donated by the Round Table, which were used to deliver the meals and in addition some volunteers used their own private cars.

Those who live alone tend to feed themselves inadequately and in time their health suffers. Unfortunately those foods which are more expensive and take more time to prepare, are those most essential in advancing years and those most liable to be omitted from the diet, e.g. meat, fish, eggs and cheese. When health and energy fail there is a temptation to consume easily prepared snacks of low nutritional value at irregular times until serious under-nutrition results. Against this background it is evident that the meals on wheels scheme is an essential part of the general provision of social services designed to prevent the breakdown of elderly folks in the community.

Since June, 1966, following the conversion of the kitchen at 'St. Lucia' the W.R.V.S. have directly provided meals on wheels in the Borough. At that time it was estimated that a kitchen from which 100 meals daily on five days a week could be provided, would be adequate for some time. The Organiser is constantly looking into ways and means of dealing with the increasing demand.

In addition to meals served to the homebound, meals were provided twice weekly to the Day Centres for the elderly at Adnitt Road. There is no doubt the demand for this service to Day Centres will increase as voluntary organisations are being encouraged to enter this field.



## 2—MENTAL HEALTH SERVICE

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The programme for providing a comprehensive Mental Health Service has continued to develop. There is clearly a connection between the responsibilities of local authorities and the hospital and this has been fully recognised in several directions, the most important being in the introduction of a Joint Social Work Scheme with St. Crispin Hospital. In this scheme mental welfare officers are allocated to two of the hospital clinical teams and attend case and ward conferences and out-patient clinics held at Northampton General Hospital. Close liaison is maintained with the medical staff of the hospital and medical practitioners and the mental welfare officers accompany them on a large proportion of their domiciliary consultations.

The advantages of this joint scheme are numerous.

- (1) It provides improved services both for patients in hospital and in the community.
- (2) Opportunities for in-service training of staff are enhanced by the services of a senior psychiatric social worker with special responsibilities in this field.
- (3) It terminates any distinction between hospital and local authority staff working in the same field with the same patients.
- (4) It overcomes the difficulty of recruitment to the hospital services with a less attractive salary scale and conditions of service.

The cost of the joint scheme is shared between the County Borough and the Hospital Management Committee in the proportion of 4s. 6d. and 2s. 6d. respectively.

The close co-operation which is brought about by this scheme is further enhanced by membership of the St. Crispin Hospital Management Committee and the attendance of one Assistant Medical Officer and the Chief Social Services Officer at meetings with representatives of the hospital staff, the geriatric consultants and medical practitioners to discuss mental health services.

Out-patient clinics for sub-normal patients were held in Northampton General Hospital at monthly intervals by Dr. Bridgeford, Consultant Psychiatrist, Borocourt Hospital. These were attended by a senior mental welfare officer. Similar facilities were provided at approximately six weekly intervals by Dr. de Bastarrechea, Consultant Psychiatrist, Pewsey Hospital Group. As a result of these consultations many cases of short-term care were admitted to Borocourt and Pewsey Hospitals and a great deal of counselling was received concerning domiciliary care of sub-normal patients.

Public awareness of mental health has increased and many organisations are engaged in mental health work. The contributions they make to the community mental health service is well worthwhile. Meetings have taken place to find ways of improving liaison with these organisations.

Training received considerable attention during 'mental health week' which was devoted to this subject. St. Andrew's Hospital ran a most successful venture and many hundreds of school leavers were given extensive information about mental health matters and about the need for trained people in this work.

'In-Service' training in social and mental health work continued and the opening of the new University Centre in Northampton should extend the opportunities for such training.

The Three Counties Conference for Education in Personal Relationships on which the department is represented formed groups to study problems in factories, hospitals, churches and schools.

Hospital facilities continued to improve. Work will begin in 1968 on the new Upton Hospital for mentally sub-normal patients and improved facilities are now being provided in co-operation with the Pewsey Hospital group.

Other aspects of this close co-operation are noted in the following outline.

### *Day care of the Mentally III*

The mental welfare officers were frequently called upon to assist in making arrangements for the day attendance of patients at one of the wards, at the industrial unit at St. Crispin or at Upton Lawn Day Hospital.

### *Pre and After Hospital Care*

Although a great deal still remains to be done in this field, mental welfare officers have been actively involved in providing supportive services to patients both before admission and after discharge from hospital.

I would like to pay tribute to the help which has been given by voluntary workers and members of the Northamptonshire Branch of the Association for Mental Health, the Northampton Society for Mentally Handicapped Children and the British Red Cross Society in providing clubs and other social amenities for patients.

### *Special Care Unit*

This unit which was officially opened by Her Worship the Mayor, Alderman Mrs. Grace Brown, on 10th February, provides day care for 24 severely handicapped children who would otherwise have to remain at home. Children attend from one to five days a week according to their needs and 40 children benefit from the care and training which they receive and which would otherwise not be available to them. Special transport is provided.

During the year a 12 day period of residential care was provided for 10 children. This was very much appreciated by the parents who were able to take a holiday, relieved from the heavy burden of responsibility which the care of these young children entails.

Members of the public were invited to look round the Unit during 'mental health week' and throughout the year parents, relatives, friends and professional people representing a wide variety of services visited the Unit. The staff of the Unit were particularly busy just before Christmas when a party of about 90 patients, relatives and friends were entertained.

Strong links have been established between the staff and voluntary and statutory workers providing other forms of care. Paediatricians, general social workers, social workers for the blind, educational psychiatrists and speech therapists all play their part in providing services to the children. The occupational therapy students from St. Andrew's Hospital spent a period at the Unit as part of their training programme. I would like to thank the voluntary workers whose interest and help is greatly appreciated.

### *Junior Training Centre*

The Centre plays a most important role in the lives of these children. Commencing with initial attendance at the Centre the curriculum is based on a programme of training leading to social competence. The following table gives details of the children on the register:

					Males	Females	Totals
On register 1st January, 1967	..	..	..	..	32	17	49
Admitted during 1967	..	..	..	..	3	—	3
Left during 1967	..	..	..	..	2	1	3
Transferred to Whiston Road Unit.	..	..	..	..	2	—	2
Transferred to Cliftonville Centre	..	..	..	..	2	—	2
On register 31st December, 1967	..	..	..	..	29	16	45

In addition, 8 children attended the County Council's Centre at Dallington.

A midday meal and special transport were provided for all the children. The activities of the Centre included several trips and parties which the children and on occasion their parents and friends thoroughly enjoyed.

A party of 24 children accompanied by 5 staff travelled by coach to St. Mary's Bay, Kent, for a week's holiday at 'Pirates Spring', a home which is run by the National Society for Mentally Handicapped Children.

A Harvest Festival service was held at the Training Centre on the 4th October, 1967. Many parents and friends attended. The gifts of flowers, fruit, etc., were distributed to mentally handicapped persons confined to their homes and to elderly persons.

On the 5th October, 1967, a party of 40 children was taken to see Billy Smart's circus. This was made possible by a gift of complimentary tickets.

A Christmas social for parents and friends was held at the Centre on the 3rd December, 1967. A child minding service was provided to enable parents to attend.

The children's Christmas Party was attended by the Mayor and Mayoress, Alderman and Mrs. T. H. Dockrell.

### *Cliftonville Training Centre*

The work of the Centre continues to expand. New firms were contacted which were able to use the Centre by providing suitable work for the trainees.

On the 31st December, 1967, 41 males and 52 females were on the register.

During 1967, 11 males and 17 females were admitted and the following left:

2 males (1 to open employment and 1 due to ill health).

7 females (4 to open employment, 2 to hospital care and 1 to Nazareth House).

15 subnormal patients from the county attend the Centre.

During 'mental health week' the Centre was open to the public and parents, friends and others were able to see the activities undertaken by the trainees. At a Disabled Persons Exhibition in the Town Hall the Centre provided a stand giving examples of work which was undertaken and 2 trainees demonstrated the packing of special 'packs', containing swabs, cotton wool, etc., for the hospital.

The laundry almost reached maximum production. It undertakes work for six Old Persons' Homes, St. Lucia Hostel, the Estates and Transport Departments. Plans are in hand for selected girls to go to the Special Care Unit two afternoons each week to assist with the laundry, and for a team of men to be responsible for maintaining the gardens at the Special Care Unit and St. Lucia Hostel.

Three occupational therapy students from St. Andrew's Hospital attended the Centre for study purposes and a group of students conducted Music and Movement classes twice a week.

The monthly social for trainees and relatives continued to give much pleasure and affords opportunity for relatives and friends to see the work which is being done. Attendances have increased.

Evening classes were arranged in co-operation with the Education Department for a number of mentally handicapped adults who showed a strong desire to learn to read and write and for others who wished to learn more manual skills. The classes were attended by mentally handicapped persons from open employment, from the Centre and by patients from St. Crispin Hospital. Four classes were held each week—reading and writing, sewing and embroidery, leather and handicrafts and arts and crafts, and were well attended.

The manager of the Centre commenced the N.A.M.H. Diploma Course in Birmingham.



Mr. J. Simmons was appointed Deputy Manager in November, 1967.

A carol service was held on 14th December, 1967, for an invited audience and the hall was filled to capacity. The Rev. R. Howard Jones, Chaplain to St. Crispin Hospital conducted the service.

On 22nd December, a Christmas party was held at which the Worshipful the Mayor and Mayoress Alderman and Mrs. T. H. Dockrell were present. Christmas gifts were presented by the Mayoress to the trainees.

Fifty-two trainees spent a most enjoyable summer holiday at 'Pirates Spring', St. Mary's Bay, Kent.

### *Play Sessions for Handicapped Children*

A Play Group was held on Saturday mornings from 9.30 a.m. to 11.30 a.m. at Silver Street Nursery staffed by an experienced teacher. Children with a variety of handicaps attended, initially with their parents and later the children were left while the parents did their shopping. The observations made while the children were at play proved valuable and the parents also learned nursery school technique.

Other Play Groups were held at St. Giles' Street Clinic on Monday afternoons, and Friday mornings. Most of the children were transferred to the Special Care Unit when this opened or to Nursery School.

Several children with gross behaviour disorder as their principal handicap attended. Two who had been diagnosed as severely autistic are now able to talk and act in a much more normal way. These sessions will in future revert to their former function as counselling sessions for handicapped children and their parents.

### *'St. Lucia' Hostel*

This Hostel has now come into full use. It was officially opened by His Worship the Mayor of Northampton (Alderman T. H. Dockrell) on 4th September, 1967. It operates as a family unit of seventeen mentally subnormal men and women in the care of a Warden and Deputy Warden. It has been possible to include in the 'family' some who are in open employment and some who attend the Adult Training Centre. Each individual goes daily to some form of employment.

General practitioners are responsible for general medical care.

The social life of the 'family' includes social evenings, evening classes twice a week and a corporate summer holiday at the seaside. Up to the end of the year only one full term resident moved on to home life but in future it is hoped that more will move on to lodgings or to their own homes. A number of the residents returned to their own homes (where this is known to be satisfactory) for weekends or short holidays.

Two beds (1 male and 1 female) have been reserved for short term and emergency care.

### *Statistics—Mental Subnormality*

The following table gives details relating to mentally subnormal patients in the Borough on 31st December, 1967.

					<i>Males</i>	<i>Females</i>	<i>Totals</i>
In Hospital	..	..	..	..	62	74	136
In Homes and Hostels	..	..	..	..	7	11	18
Attending Training Centres	..	..	..	..	70	65	135
Under home supervision	..	..	..	..	114	113	227
					<hr/>	<hr/>	<hr/>
Total no. of cases on register at 31st Dec., 1967					253	263	516
					<hr/>	<hr/>	<hr/>

*New cases referred during 1967*

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
From local Education Centres .. .. .	1	—	1
From other sources .. .. .	8	8	16

*Hospital Admissions during 1967*

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Pewsey Hospital .. .. .	—	2	2
Borocourt Hospital .. .. .	—	1	1

*Waiting List for Long Term Hospital Care*

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
At home .. .. .	5	4	9
Awaiting transfer from St. Crispin Hospital..	9	25	34

*Statistics—Mental Illness*

ADMISSIONS: The following table summarises the formal admissions to psychiatric hospitals during 1967:

		<i>Males</i>	<i>Females</i>	<i>Totals</i>
St. Crispin Hospital	Section 25	38	62	100
	Section 26	3	—	3
	Section 29	9	5	14
St. Andrew's Hospital	Section 25	1	1	2
	Section 26	—	3	3
St. John's Hospital, Stone	Section 25	3	1	4
		54	72	126

The above tabulation includes action taken in the case of 25 persons over the age of sixty-five years:

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
St. Crispin Hospital	8	14	22
St. Andrew's Hospital	1	2	3
	9	16	25

## COMMUNITY CARE:

Number of first visits .. .. .	471
Number of subsequent visits .. .. .	1,967
Number of interviews at Office, Home, etc. .. .. .	423

### 3—HOME HELP SERVICE

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A total of 708 cases were provided with domestic help during the year, i.e. 40 more than during 1966. No application for the service was refused, but it was sometimes necessary because of difficulties in recruitment of suitable staff to limit households to a minimum amount of help. Once again the largest demand was made by the elderly, the total of 319 cases being 33 more than 1966. Only one case of tuberculosis was helped and in recent years there has been a decrease in the number of maternity cases helped attributable to the diminishing number of home confinements.

The administrative staff responsible for this service was:

- 1 Home Help Organiser
- 1 Assistant Organiser (part time 2/3 time)
- 1 Full time clerk

The Organiser visited 247 cases during the year.

At the end of the year 95 home helps were employed, four full time and 91 part-time. This compares with 90 employed in 1966.

The recruitment of home helps is still difficult, unfortunately the local Employment Exchange is not often able to refer suitable women for employment.

Advertising in the local press has not been very successful and recommendations from home helps already employed has proved to be the most encouraging.

#### *Training*

A two day Training Course for Home Helps, the first of its kind, was held at the Gladstone Centre in November. Speakers and demonstrators provided the twenty Home Helps who attended with a wide and varied programme. Those who attended were most appreciative.

The following summary gives details of the help provided.

	<i>Acute Sick</i>	<i>Chronic Sick</i>	<i>Aged</i>	<i>T.B.</i>	<i>Maternity</i>	<i>Reg. Blind</i>	<i>Total</i>	<i>No help available</i>
1967	55	247	319	1	53	33	708	Nil
1966	57	232	286	1	60	32	668	10



# SCHOOL HEALTH



## INTRODUCTION

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The school population continued to increase and reached a new peak of 17,300. During the year, 5,030 children received routine medical inspection (800 more than in 1966) of whom 99.9% were considered satisfactory. The physical health of the school child is better now than at any time in the history of the School Health Service. For this reason considerable thought has been given to redirecting some of the more routine work into new channels, more attention has been given to the importance of other aspects of the child's development, to the earlier recognition of abnormality, e.g. hearing loss and to the development of improved services.

A major change was the introduction last year of selective medical inspection in place of routine medical inspection of all children in junior schools. Rather than examine as a routine all children in one age group, many of whom are perfectly healthy, the selection by means of a more elaborate questionnaire to the parents, reference to previous medical records, discussion with health visitors, school nurses and teaching staff in the schools of individual children thought to need examination, has enabled some 25—30% to be selected for examination. This means that children in need of examination are seen and that doctors do not spend a lot of time unnecessarily examining perfectly healthy children. The total amount of time spent on selective inspection of a smaller number of children is not appreciably less than with the normal system owing to the time spent in consultation prior to selection and the longer time taken to examine each child.

Towards the end of the year the scheme for a more comprehensive examination of all five-year old school entrants, including estimates of social maturity, emotional development and intellectual screening was nearing finality. It is hoped that this will prove valuable in the earlier recognition of children in need of help in order that they are not exposed to years of repeated failure before action is taken.

The position with regard to school children with visual defects has caused concern for some years and the untimely and tragic death of Dr. Holloway, who devoted so much of his energies to the School Health Service and who had just completed twelve months study at Oxford in order to help with this situation, was particularly unfortunate. The position deteriorated further in the autumn when the Consultant Ophthalmologist took ill. At that time the number of children waiting to be seen was approximately 400. The appointment of a 'locum' and

the transfer of the Ophthalmic Clinic from the School Clinic to the Hospital Out-Patient Department enabled most of the children to be seen before the end of the year. The acquisition of a 'Keystone Vision Screener' has enabled a more satisfactory and standardised system of efficient vision testing for junior and senior pupils to be introduced and will diminish the amount of time spent retesting under clinic conditions those children previously picked up with presumed visual defect in school and subsequently found to be normal.

Similarly the acquisition of an audiometer and the employment of the audiometrician from the E.N.T. Department of the Hospital on a sessional basis has enabled routine screening of all five-year old school children to be undertaken by school nurses. Any child found to have hearing loss is referred to the audiometrician for skilled investigation.

The setting up of the Partially Hearing Unit for young children at Vernon Terrace School has proved of inestimable value and represents an important development for those children who are too young to be sent from home to a residential school for the deaf, yet who require expert tuition. The close association of the Unit with the ordinary Infants Department, and the integration of the partially hearing children with the normal children in afternoon classes, is an important feature.

In the field of Special Schools, Northgate has now been extended to cater for 140 educational subnormal children and the waiting list has temporarily disappeared. Consultations have been held with the Department of Education and Science with regard to the future of Fairfield's School and the desirability of considerable rebuilding to enable it to cater for physically handicapped children rather than predominantly delicate children. However, the requirements of physically handicapped children, particularly those with wheelchairs, need very special consideration and it is possible that any extensive redevelopment of the present school will be tantamount to the building of a completely new one. The demand for education facilities for physically handicapped children can only increase as the number of handicapped infants surviving the birth process increases, some with quite considerable handicaps. In a town the size of Northampton it is important that adequate provision should be available locally for these children and that young handicapped children in particular should not be required to be admitted to residential schools, some considerable distance from their own home.

Preliminary consideration was also given to the need for a small school for maladjusted children. Vacancies are difficult to obtain in residential schools which have long waiting lists and it is frequently impossible to place these children satisfactorily. It is hoped that the Department of Education and Science will accept the need for a special school for maladjusted children in Northampton.

Owing to the interest in the subject of drug taking a special meeting was held with head teachers of secondary and grammar schools to

discuss the problem, which provided a useful forum for an exchange of views. Increasingly medical officers and health visitors are being invited to take part in health education programmes in schools and as far as our limited resources in this field allow, staff are pleased to accept these invitations from head teachers.

I would once again wish to express my appreciation to the Chairman, and Committee for the unfailing interest in the work of the School Health Service.

*W. Edgar*  
*Principal School Medical Officer.*

Guildhall,  
Northampton.  
June, 1968.

**EDUCATION COMMITTEE**

*(as constituted on 31st December, 1967)*

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*Chairman*

COUNCILLOR D. A. WALMSLEY, LL.B.

*Aldermen*

T. H. COCKERILL  
J. B. CORRIN, F.C.A.  
G. J. HACKETT  
F. TOLLIT  
D. WILSON

*Councillors*

H. BULLARD, F.C.A., F.C.I.S.  
M. J. CREEVY  
R. P. DOLMAN  
H. FRUISH  
R. GREGSON  
G. B. HAMILTON  
J. T. LEWIS  
K. R. PEARSON  
MRS. I. SHORT  
P. W. J. STEVENSON

*Co-opted Members*

MRS. E. M. COLLIER  
MRS. M. A. HACKETT  
MISS P. HENNINGS, M.B.E., HIST.TRIP.(Cantab.)  
MR. S. W. HUTCHINS  
MR. A. J. SMART  
MR. R. SPENCER

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*Primary Education and Special Services Sub-Committee*

COUNCILLOR PEARSON (Chairman) ; ALDERMAN TOLLIT ; COUNCILLORS CREEVY, MRS. SHORT and STEVENSON ; MRS. COLLIER, MR. HUTCHINS, MR. SMART and MR. SPENCER



## STAFF OF SCHOOL HEALTH SERVICE, 1967

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<i>Principal School Medical Officer</i>	..	WILLIAM EDGAR, M.B., CH.B., D.P.H., D.C.H.
<i>Deputy Principal School Medical Officer</i>		R. F. McKNIGHT, M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H. (from 1st June, 1967)
<i>School Medical Officers</i>	.. ..	MARGARET O'CONNOR, L.R.C.P., L.R.C.S., L.M.
		EILEEN L. PARKINSON, M.R.C.S., L.R.C.P.
		JAMES W. BOTTOMS, M.B., B.S., M.R.C.S., L.R.C.P.
		RONALD H. MARTIN, M.A., B.M., B.CH., M.R.C.S., L.R.C.P.
<i>Principal School Dental Officer</i>	..	P. W. J. L. THOMPSON, L.D.S., R.C.S.
<i>Dental Officer</i>	.. ..	MRS. L. A. B. ELLIOTT, L.D.S., R.C.S.
<i>Dental Officer (Part-time)</i>	.. ..	MRS. P. ROBINSON, L.D.S., R.C.S.
<i>Dental Auxiliary</i>	.. ..	1 DENTAL AUXILIARY
<i>Consultant Psychiatrist*</i>	.. ..	K. STEWART, M.B., CH.B., D.C.H., D.P.M.
<i>Educational Psychologist*</i>	.. ..	MISS D. V. SCOTT M.A.
<i>Assistant Educational Psychologists*</i>		T. ARNOLD P. GARDNER K. A. HIBBERT
<i>Social Worker*</i>	.. ..	F. D. PAYNE
<i>Speech Therapist</i>	.. ..	MRS. E. ARNOLD, L.C.S.T.
<i>Clerks</i>	.. ..	C. A. JONES (Senior Clerk) 3 CLERKS
<i>Dental Surgery Assistants</i>	.. ..	3 ASSISTANTS

\*Under a joint scheme with Northamptonshire Education Authority.

## GENERAL INFORMATION, 1967

Home Population at all Ages (estimated at 30th June, 1967) .. .. 121,890  
 Estimated Child Population (30th June, 1966) :

Under 1 year .. .. .	2,220
1—4 years inclusive .. .. .	9,280
5—14 years inclusive .. .. .	17,300
<b>Total under 15 years .. .. .</b>	<b>28,800</b>

### Primary Schools

### Number on Roll

Number of Schools .. .. .	30
Number of Departments .. .. .	41
Number on Roll .. .. .	11,550
Average Attendance .. .. .	10,288 (91·3 per cent)

### Secondary Modern Schools

Number of Schools .. .. .	12
Number of Departments .. .. .	12
Number on Rolls .. .. .	4,973
Average Attendance .. .. .	4,580 (91·3 per cent)

### Secondary Grammar and Technical Schools

Grammar School for Boys (Town and County) .. .. .	883
Grammar School for Girls .. .. .	605
Trinity High School—Mixed .. .. .	721

### Special Schools

Northgate .. .. .	119
Fairfields .. .. .	90
Manfield Orthopaedic Hospital .. .. .	14
John Greenwood Shipman Home .. .. .	27
Harborough Road Hospital .. .. .	16

### Nursery Schools

Silver Street .. .. .	80
Bush Hill .. .. .	40
Gloucester .. .. .	40
Victoria Park .. .. .	40
Wallace Road .. .. .	40

Total Number of Pupils on Roll .. 19,238

## Cost of School Health Service

	£ s. d.
TOTAL NETT COST (Year 1966-67) .. .. .	31,903 4 11

## *NATURE OF THE WORK OF THE SCHOOL HEALTH SERVICE*

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Over the years, the functions of the School Health Service have changed in emphasis, following changes in the social and physical environment in which the children live; the improvements in immunology and chemotherapy which developed in the second quarter of the century, and the general care provided under the various Health and Welfare Services of the community.

In the working life of many teachers in active practice, the health of the children in school was much poorer than today and at that time the School Health Service was designed to provide essential treatment.

Today, whilst the Service will detect and deal with defects in children, 'defect hunting' is not the prime function, but rather is it one of assessment and evaluation of the child's development—physical, mental, emotional and social—a total assessment of the child in relation to the general norms of development, and observation of his progress from infancy to adolescence.

The scope of the Service therefore includes:

- (1) the observation of each child's progress in the various fields of development, and the assessment of the child as a whole at various stages in his development.
- (2) the detection of defects as early as possible, and referral of them in liaison with the general practitioners for assessment and treatment.
- (3) the assessment, diagnosis and supervision of handicapped children with particular reference to their special educational needs.
- (4) the control of infectious disease amongst school children by immunisation and vaccination, including the use of B.C.G. vaccine for the prevention of tuberculosis.

- (5) Health Education: School medical officers are particularly concerned with advising parents and pupils and emphasis has been given to dental health, foot health, the risks of smoking and guidance in the processes of maturation and the difficulties which can derive therefrom.

Health visitors have visited schools to give talks on a number of subjects and at one school the children are prepared for the national examination in Child Care.

Attention is given to the importance of mental health at this age, but it is important that too much weight should not be given to descriptions of the severe manifestation of mental illness, because, whilst a child is battling with the problems of adolescence, with its imbalance between aggression and dependence the capacity to develop a balanced judgement in the field of mental illness may be impaired. The young are often outwardly callous and apparently uncaring for those unable to compete intellectually with them and it is only later in life that investigation reveals how deep are the emotional scars of one's earlier years. It is only in retrospect that one can assess the trauma inflicted on the individual by his misinterpretation or misunderstanding of events or information imported at this age.

- (6) The medical examination of children undertaking part-time employment to ensure that they are not employed in a manner likely to be prejudicial to their health or to interfere with their education.
- (7) Medical examination of teachers, training college candidates and boarded-out children.
- (8) Provision of a comprehensive dental service for all school children.

### *Routine Medical Inspection*

Routine inspections were carried out on 5,030 children during the year.

The attendance rate of parents at the medical inspection has been maintained at approximately the same level as in previous years, i.e. 61% for infants, 27% for leavers. This difference simply reflects the fact that children reaching school leaving age are becoming increasingly independent and that development of the personality has reached a stage where the child would rather face this problem alone and without embarrassment.

### *Selective Medical Inspection*

One obvious reform which took place during the year was the introduction of selective medical examination in the Junior Schools based on the preliminary screening of reports and information from a number of sources relating to each child. The scheme requires the participation of parents, school teachers, health visitors, school nurses and school medical officers and final consultation with head teachers resulting in the selection of those children considered to require actual examination. Although primarily directed at ten year old pupils, any child in the Junior School can be referred for examination. Experience in other areas had demonstrated some of the short-comings of such schemes and improved selection techniques are required to ensure that children who should be examined are not omitted and yet not allow too many pupils to be selected thus defeating the main purpose of the scheme.

Careful thought was given to extending the scope of the infant school entrants' examination in order to make this more comprehensive by reference to the child's social, emotional, intellectual and educational development as well as physical health. For this purpose it has been necessary to construct a series of screening tests which will be performed on each child by the school doctor and to compose a brief questionnaire to be completed by the teachers concerning the child's adjustment and attainments in school. As no standardised scale of this nature exists for this age group, it is intended to follow the individual children 'picked up' by this method, for re-assessment at seven on standardised scales, to determine whether the tests selected for use at five have any real prognostic value. The scheme was reaching finality at the end of the year and it is hoped to commence this more comprehensive examination of infants in the new year.

### *School Clinic*

The School Clinic continued to be used for :

- (1) The treatment of minor ailments.
- (2) The ascertainment of handicapped pupils.
- (3) Medical examination of various kinds.
- (4) Ophthalmic, audiometric and other clinics.
- (5) Dental inspection and treatment.
- (6) Administration of the School Health Service.

For many years now, the Annual Report has contained references to the inadequate accommodation at the School Clinic. The major difficulties are really that the administrative services both for dental and health work are based at the Clinic. The transfer of the administration to other premises would release waiting space which could be restored to its original function and allow re-organisation of the office accommodation as consulting rooms. At present, the waiting room and part of the premises of the Silver Street Nursery have to be used to store records, medical cards and stores of all types.



## *School Nurses*

Eight full-time and two part-time nurses helped to staff the School Health Service during the year.

The School nurses make frequent visits to the schools where they consult with head teachers and class teachers and advise on individual children, where necessary referring school children for further investigation. Their work has continued to be mainly concerned with:

- (1) Preparation of pupils for medical inspections: in this connection school nurses have during the year, started to undertake screening tests for visual and auditory defects before medical inspection by the school medical officers.

Two pieces of apparatus were brought into use:

- (a) *The 'Keystone Vision Screener'* which is a specially designed machine allowing the nurse to test visual acuity, colour perception and muscle balance in the eyes, under controlled and standard conditions.
  - (b) *The Puretone Audiometer* which has allowed nurses to screen children in infant schools for hearing loss—801 children were screened in the last two months of the year of whom 29 children were found to have some hearing loss; these were referred to the audiometrician. It is hoped to obtain a second audiometer shortly.
- (2) Assisting school medical officers at routine medical inspections.
  - (3) Periodic inspections of school children for cleanliness. In this connection, head teachers would be the first to agree that 'black sheep' are sometimes detected in the most unexpected places.
  - (4) Helping at special clinics—vaccination clinics, consultant ophthalmic clinics, audiology clinics, etc.
  - (5) Home visiting: in this year in particular great support has been given to the National Nutritional Survey by the nurses during the vacation periods. In addition to their visits to children home from special boarding education they attend to particular problems in their own schools.

The school nurses assist the health visitors and since the same families are frequently involved at the pre-school and school age groups, this is desirable—co-ordination with the health visitors has been achieved by partnership of health visitor and nurse and this has proved successful. Toddler visiting by the school nurses gives them valuable knowledge of their future charges before school entry and also assists the health visitor.

The increasing mobility of the young adult society (forming a significant percentage of the parents of the pupils) produces a considerable number of non-local pupils by the time school entry arrives and great efficiency is needed in the transfer of documents between different authorities. There is little more frustrating to the parent, the child, the school medical officer and nurse, than to have to go over a lot of ground already fully covered by another authority because documents are not available when they are required.

### *Cleanliness*

The percentage of uncleanness found during the year continues to reflect the downward trends during the last decade, illustrated as follows:

1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
1.4	1.0	0.5	0.5	0.8	0.8	0.7	0.7	0.5	0.5

It is interesting to observe that the cases of uncleanness are mainly constituted by a hard core of families in which children are found to be repeatedly in need of

treatment. This state of affairs suggests that there may be little justification in routinely examining every year thousands of perfectly clean children and perhaps the services of the school nurse could be more advantageously used by concentrating on selective groups.

#### *Scabies*

The number of cases totalled 5 compared with 11 in 1966. When a schoolchild has scabies it is probable that other members of the family will also be infested. Accordingly, the whole family may have to be treated simultaneously under proper supervision. The prevention of scabies is best attained by unceasing vigilance, early diagnosis and rapid treatment in every case.

### *Special Clinics*

#### *Ear, Nose and Throat Clinic*

This clinic is held at Northampton General Hospital and school children found to be suffering from appropriate defects are referred to the E.N.T. Consultant in close liaison with the general practitioner concerned. In 1967, 286 school children were operated upon for tonsils and adenoids compared with 274 in 1966.

The whole subject of the value of tonsillectomy as a treatment is under close scrutiny at the present time, at the highest professional level. The indications for the operation in this antibiotic age are becoming more clearly defined and it may well be that the 'best therapy' in the future will involve less children in removal of their tonsils than at present. However, problems of bacterial resistance to antibiotics and the undoubted beneficial effect of the removal of chronic septic foci will remain as two of the factors in favour of retention of tonsillectomy in selected cases. Where the indications for tonsillectomy have been correct, the effects of operation can often be truly astonishing and the school medical officer is one of the people in a position to appreciate this improvement.

#### *Visual Screening and Refraction Clinic*

For many years an arrangement with the Oxford Regional Hospital Board has enabled children detected at routine medical examination and at visual screening to be referred to the hospital for assessment of visual acuity.

Towards the end of the year considerable difficulty was experienced because of the illness of the Consultant Ophthalmologist and the waiting list of pupils of all ages rose to over four hundred. Following a conference with the Regional Hospital Board, temporary arrangements for a 'locum tenens' were made by the Board and the waiting list has now disappeared.

All routine medical examinations include a visual test. At the infants examination the variable 'E' chart is used but subsequent examinations make use of the 'Keystone Vision Screener'.

The criteria for retesting and referral have been agreed by a joint Committee representing the Regional Hospital Board, the Ophthalmic Consultant and the School Health Services of the Borough and the County. Reference to the Consultant is made whenever a child is found to have 6/12 vision or worse in one or both eyes.

During the year 482 school children and 11 pre-school children were referred (as new cases) by school nurses and school medical officers to the Consultants.

Colour perception is also tested at the examinations which take place in Junior and Senior Schools—the Ishihara test is used. It is advisable that boys should know of any colour blindness as early as possible to avoid disappointment in their chosen career.



### *Audiometric Testing*

In 1967 Mr. O'Reilly, the audiometrician from Northampton General Hospital, confirmed the feasibility of audiometric testing in schools, following a number of visits to infants schools.

From June onwards school nurses were instructed by the medical staff and the audiometrician in the use of the portable audiometer for sweep testing and they began to use this regularly at the start of the school year in September. Children are sweep tested for twenty decibel hearing loss, and those detected as having hearing loss are referred to the audiometrician at his weekly session at the school clinic on Thursday afternoons. This has led to much closer liaison with the E.N.T. Department of the General Hospital and children are now referred only after full audiograms have been completed.

Since the scheme started, 1,171 children have been tested in the schools and 137 reviewed by the audiometrician. Thirty-three cases were referred to the E.N.T. Department for further investigation and by the end of the year six had been found to have severe permanent hearing defect, amounting to deafness in two cases. It is expected that others will be added to this number when investigations are complete.

### *Partially Hearing Unit*

Ten children aged from four to six years now attend this special unit at Vernon Terrace School. The unit is regarded as being diagnostic in function and gives young hearing-impaired children the opportunity of benefiting from special training given by a teacher of the deaf using auditory training equipment. A lengthy period of observation of the child's progress is thus possible while the child retains the security of his daily contact with his own home.

Each child is given a period of individual tuition daily and a normal Infant/Junior programme is followed. With the assistance of a Nursery nurse, opportunities are given for play, individual and group activities and for as much planned mixing with normally hearing children as is possible.

### *Peripatetic Service for Deaf Children*

The duties of the peripatetic teacher of the deaf include :

Parent guidance and auditory training of pre-school children assessed as deaf or partially-hearing. This training and guidance is given weekly in each child's home from as early an age as is possible and prior to entering the Partially Hearing Unit ;

Assisting hearing-impaired children in special or ordinary schools, so enabling the children to maintain their progress in these schools. The main emphasis is placed on speech and language development which it is often possible to combine with remedial teaching.

Assisting children with less serious hearing defects in their schools and making periodic checks on their educational progress.

Periodic checks on the hearing for pure tones and for speech of the above children.

Daily contact with the Partially Hearing Unit at Vernon Terrace School and giving individual tuition in this unit.

### *Speech Therapy*

Details of the work undertaken by the speech therapist are given below, with 1966 figures for comparison :

	1966	1967
Regular treatment .. .. .	59	94
Retained for review .. .. .	24	46
Discharged .. .. .	31	29
Refused treatment .. .. .	3	2
Defaulted .. .. .	10	12

There has been a significant rise in the detection rate of speech defect this year, and it is felt that the case for an increase in the establishment in this department is becoming clear. There is no doubt that we have not yet achieved the ideal that every child with speech difficulty should have the services of a therapist and the numbers are not likely to decline. The work is time consuming and requires frequent visits by the patient.

### *Orthopædic Clinic*

Forty-eight Northampton children were treated at Manfield Orthopædic Hospital and 18 at the John Greenwood Shipman Home during 1967.

### *John Greenwood Shipman Home*

The Spastic Unit at this Home caters for 30 children (15 day and 15 residential). In 1967, 6 children were admitted for education and medical treatment including physiotherapy.

## *Special Schools*

### *The Northgate School for E.S.N. Pupils*

This school now caters for 140 pupils. New accommodation was provided during the year and there were 137 pupils on the roll at 31st December, 1967, and for the first time for many years it was possible to clear the waiting list this year, but this is a state of affairs which is not likely to prevail for very long. However the increase in places has been a great blessing and will give greater flexibility.

The school is visited by medical officers regularly at fortnightly intervals and this close contact is most useful.

### *Fairfields School*

Places for 100 delicate and physically handicapped children are provided and the major types of handicap dealt with are set out in the attached table for comparison with previous years.

TABLE 31

<i>Type of Handicap</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>
General Disability .. .. .	20	22	12
Asthma .. .. .	15	14	9
Bronchitis .. .. .	7	4	5
Epilepsy .. .. .	9	7	7
Nervous Disability .. .. .	5	3	2
Congenital Heart Disease .. .. .	5	2	3
Residual Motor paralysis .. .. .	3	4	1
Maladjusted pupils .. .. .	9	8	8
Others .. .. .	24	25	40

In view of the large number of pupils now classified in the 'others' category reflecting the changing pattern of disease in the community over the years, a breakdown of this category reveals:

*C.N.S. Group:*

Brain damage and suspect brain damage	..	..	..	..	5
Cerebral Dysfunction Syndrome ..	..	..	..	..	4
Cerebellar Agenesis..	..	..	..	..	1
Spina Bifida ..	..	..	..	..	2
Muscular Inco-ordination ..	..	..	..	..	1
					<hr/>
					13

*Functional Group:*

Emotional Instability	..	..	..	..	..	..	1
Immaturity ..	..	..	..	..	..	..	1
Post Traumatic Withdrawal	..	..	..	..	..	..	1
Hyperkinesis ..	..	..	..	..	..	..	1
							<hr/>
							4

*Hormonal Group:*

Dwarfism with other defect	..	..	..	..	..	..	3
Cretism or Thyroid abnormality ..	..	..	..	..	..	..	2
Diabetes ..	..	..	..	..	..	..	1
Diabetes Insipidus ..	..	..	..	..	..	..	1
							<hr/>
							7

*Urinary Group:*

Hypospadias	..	..	..	..	..	..	1
Congenital Ectopia Vesicæ	..	..	..	..	..	..	1
Bladder Neoplasm (treated)	..	..	..	..	..	..	1
							<hr/>
							3

*Developmental Group:*

Deafness ..	..	..	..	..	..	..	2
Visual Defect..	..	..	..	..	..	..	1
Obesity ..	..	..	..	..	..	..	1
Brittle bones ..	..	..	..	..	..	..	1
							<hr/>
							5

*Chronic Infective Group:*

Nephrosis ..	..	..	..	..	..	..	1
Enlarged lymph glands	..	..	..	..	..	..	1
Chronic otitis media	..	..	..	..	..	..	1
							<hr/>
							3

*General:*

Cardiomyopathy	..	..	..	..	..	..	1
Aplastic Anæmia	..	..	..	..	..	..	1
Eczema ..	..	..	..	..	..	..	1
Hypotonia ..	..	..	..	..	..	..	1
Abnormality of the orbit	..	..	..	..	..	..	1
							<hr/>
							5

This list of conditions will vary each year and is included to show the broad range of defects handled. In future years it is hoped to include statistics of the

C.N.S. group, because of the expected rise in incidence in spina bifida even though figures in this group are incomplete, because many Borough children in this category attend the John Greenwood Shipman Home.

Maladjusted pupils have continued to be admitted, but the number that can be accommodated remains limited and these have to be very carefully selected so as to be capable of assimilation and not cause undue difficulty for other pupils.

In this school, every child is known to all the staff and thus receives more individual attention than in ordinary schools. Children are sent to this school primarily for health reasons although educational facilities are provided for the pupils at a high level.

Medical officers paid 16 visits to the school for special examinations and periodic review of pupils. In addition 41 children were seen at routine medical inspections. School nurses paid 3 visits for hygiene purposes.

### *Nursery Schools*

The 5 Nursery Schools and the Nursery Class at Bective Infants School cater for 260 children between the ages of two and five years.

Children are frequently admitted on medical or social grounds and in consequence close liaison is maintained with the Chief Education Officer and his staff.

The nursery schools continue their helpful policy of admission of handicapped pre-school children on a part-time basis where possible.

School medical officers visited all the nurseries during the year and carried out 334 routine medical inspections and 13 re-examinations. School nurses also paid 12 visits for hygiene purposes.

## *Immunisation and Vaccination*

### *Diphtheria and Tetanus*

Primary immunisation against diphtheria, tetanus and whooping cough is normally carried out in infancy. The booster dose given at school entry consists of diphtheria and tetanus vaccine combined. This is repeated at ten years of age.

A total of 907 children were immunised during 1966 as follows:

Primary Diphtheria/Tetanus	..	..	..	..	..	..	328
Booster     "         "	..	..	..	..	..	..	493
Primary Tetanus	..	..	..	..	..	..	48
Booster     "         "	..	..	..	..	..	..	18
Primary Diphtheria	..	..	..	..	..	..	1
Booster         "	..	..	..	..	..	..	19

### *Poliomyelitis*

During 1967, 394 received a primary course of oral vaccine and 489 received booster doses.

One booster dose of oral vaccine is now given to all school entrants who have received a primary course in infancy.

### *Tuberculosis*

The acceptance rate for B.C.G. vaccination in 1967 for children approaching their 13th birthday was 79% compared with 80% in 1966. The vaccine is also available to children of 14 years and over who were not previously vaccinated, children aged 10 years or more who appear to be at special risk to tuberculosis, and students attending universities, training colleges, technical colleges or other places of higher education.

B.C.G. vaccination is preceded by a special skin test. If the child reacts positively to this test, vaccination is not necessary. During the year, 1,497 children received a tuberculin test and 134 children were found to be positive reactors. These 134 were referred to the Chest Clinic for chest X-ray and further investigation and all were found to be satisfactory. 1,230 negative reactors received B.C.G. vaccination.

The scheme was commenced in 1955. The following tabulation shows the number of children vaccinated and the number found positive each year since 1960 :

Year	No. vaccinated	Heaf Positive	
		Number	Percentage
1960	1,396	243	14.8
1961	1,639	274	14.3
1962	725	65	8.4
1963	1,308	135	9.3
1964	838	104	10.8
1965	1,629	124	7.1
1966	1,660	210	11.2
1967	1,230	134	10.9

### Handicapped Pupils

Early ascertainment of handicapped pupils continues to be one of the most important functions of the School Health Service. Handicapped pupils are children having disability of mind or body, necessitating education by special methods. The following table illustrates the number of handicapped children from the County Borough in special schools during the last decade :

TABLE 32

Year	Blind	Par- tially Sight- ed	Deaf	Par- tially Hear- ing	ESN	Epil- eptic	Malad- justed	PH	Speech	Deli- cate	Total
1958	3	3	6	2	85	4	10	60		74	247
1959	2	4	6	3	91	4	12	64		73	259
1960	2	3	6	2	75	2	4	25		79	198
1961	2	4	7	3	71	8	6	24		71	196
1962	3	4	7	3	79	10	7	20		77	210
1963	3	5	4	4	104	8	14	15		72	229
1964	4	2	7	5	107	9	17	60		52	263
1965	2	3	7	5	107	11	18	39		41	233
1966	2	4	9	6	117	9	17	40		40	246
1967	1	4	13	4	145	11	22	43		35	279

Under the Handicapped Pupils and Special Schools Regulations, 1959, and the amending Regulations of 1962, the following *ten* categories of handicapped pupils are defined.

#### 1. Blind Pupils

"Pupils who have no sight or whose sight is, or is likely to become, so defective that they require education by methods not involving the use of sight".

Number of blind pupils newly assessed as needing special educational treatment .. .. .	Nil
Number of blind pupils admitted to Special Schools during the year .. .. .	Nil
Number of blind pupils awaiting admission to residential schools .. .. .	Nil
Total number of blind pupils in Special Schools for the Blind on 31st December, 1967 .. .. .	1



## 2. *Partially Sighted Pupils*

*"Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development but can be educated by special methods involving the use of sight".*

Number of partially sighted pupils newly assessed as needing special educational treatment .. .. .	Nil
Number of partially sighted pupils admitted to Special Schools during the year .. .. .	1
Total number of partially sighted pupils in Special Schools for partially sighted children on 31st December, 1967 .. .. .	3
Number of partially sighted pupils attending ordinary schools ..	1

It is important that the activities of partially sighted pupils should not be unduly restricted as many of these children can lead a fairly normal life and indeed some can attend an ordinary school.

## 3. *Deaf Children*

*"Pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language".*

Number of deaf pupils newly assessed as needing special educational treatment .. .. .	Nil
Number of deaf pupils admitted to Special Schools during the year .. .. .	1
Total number of pupils in Special Schools for the Deaf on 31st December, 1967 .. .. .	11

Sounds must be heard clearly for proper speech development to occur and since hearing begins almost immediately after birth the early detection of deafness is of essential importance.

The assessment and early diagnosis of possible hearing defects is dealt with in Section on Audiology Clinic.

## 4. *Partially Hearing Pupils*

*"Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf children".*

Number of partially hearing pupils newly assessed as needing special educational treatment .. .. .	Nil
Number of partially hearing pupils admitted to Special Schools during the year .. .. .	Nil
Total number of pupils in Special Schools for partially hearing children on 31st December, 1967 .. .. .	4
Number of partially hearing pupils attending normal schools on 31st December, 1967 .. .. .	Nil

Some children suffer from partial hearing so that they hear sounds only at certain intensities and over certain frequency ranges. Here again, it is extremely important that this defect should be detected as early as possible.



A Special Unit for partially hearing children was opened at Vernon Terrace C.P. School. Five boys and five girls, all with hearing defects, are attending this Unit thus enabling them to remain in the security of their homes and to mix with normal children attending the infant school. Hitherto, all these young children with partial hearing loss had to attend special residential schools in the London or Birmingham areas.

In a number of cases special transport has been arranged to convey these children to and from the Unit.

## 5. E.S.N. Pupils

*"Pupils who, by reason of limited ability, or other condition, resulting in educational retardation, require some specialist form of education, wholly or partly in substitution for the education normally given to ordinary children"*.

Number of E.S.N. children newly assessed as needing special educational treatment .. .. .	39
Number of E.S.N. children admitted to Northgate Special School during the year .. .. .	45
Number of E.S.N. children admitted to Special Boarding Schools for E.S.N. children during the year .. .. .	4
Number of E.S.N. children awaiting admission to residential schools	2

Numerically this is the largest group of handicapped children. It is never very easy to place an E.S.N. child in a residential school, especially if any degree of maladjustment is a further handicap. During the year, 80 school children were educationally assessed and 10 re-assessed by medical officers with the following results:

No action taken and children remained in normal schools .. .. .	36
Action deferred until further assessment within 12 months.. .. .	9
Recommended for admission to Northgate Special School.. .. .	38
Unsuitable for education within the Local Education Authority system	3
Recommended for residential E.S.N. school .. .. .	4

## 6. Epileptic Pupils

*"Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils"*.

Number of epileptic pupils newly assessed as needing special educational treatment .. .. .	1
Number of epileptic pupils admitted to Special Schools during the year .. .. .	1
Total number of epileptic pupils in Special Schools for epileptic children on 31st December, 1967 .. .. .	11
Number of epileptic children awaiting admission to residential schools .. .. .	Nil

Frequently epileptic children suffer from the added handicap of education sub-normality and this can make the management very difficult both medically and educationally. This type of child is generally more suitable for a residential special school although this type of provision can be difficult to obtain.

## 7. *Maladjusted Children*

*"Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social and educational readjustment".*

Number of maladjusted pupils newly assessed as needing special educational treatment .. .. .	7
Number of maladjusted pupils admitted to Special Schools for maladjusted children during the year .. .. .	4
Total number of maladjusted pupils in Special Schools .. .. .	20
Total number of maladjusted pupils at Holyrood and Rostrevor Hostels .. .. .	2
Number of maladjusted pupils awaiting admission to residential schools .. .. .	4

The psychiatrist is primarily involved in the assessment of maladjustment and the Consultant Psychiatrist deals with the subject in the section on Child Guidance Clinic.

## 8. *Physically Handicapped Pupils*

*"Pupils not suffering solely from a defect of sight or hearing who by reason of disease or by crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools".*

Number of physically handicapped pupils newly assessed as needing special educational treatment .. .. .	7
Number of physically handicapped pupils admitted to Special Residential Schools during the year .. .. .	Nil
Total number of physically handicapped pupils in Special Residential Schools on 31st December, 1967 .. .. .	9

This handicap covers a wide field of physical disabilities, including such conditions as congenital heart and lung defects, residual paralysis after acute poliomyelitis, progressive muscular atrophy, spina bifida, orthopaedic defects, etc.

## 9. *Pupils Suffering from Speech Defect*

*"Pupils who on account of defect or lack of speech not due to deafness, require special educational treatment".*

Number of pupils with speech defect newly assessed as needing special educational treatment .. .. .	Nil
Total number of pupils with speech defect admitted to Special Schools during the year .. .. .	Nil
Total number of children with speech defect in Special Schools as at 31st December, 1967 .. .. .	Nil

## 10. Delicate Pupils

*"Pupils not falling under any other category who by reason of impaired physical condition need a change of environment, or cannot without risk to their health or education development be educated under the normal regime of ordinary schools".*

Number of delicate pupils newly assessed as needing special educational treatment .. .. .	11
Number of delicate pupils admitted to Special Open Air Schools during the year .. .. .	10
Total number of delicate pupils in residential Open Air Schools as at 31st December, 1967 .. .. .	Nil

The majority of children ascertained as delicate are those children who are likely to benefit from a modified school environment and who cannot be included in any of the other nine categories of handicapped children.

### *Employment of Children*

Children undertaking part-time employment have to be medically examined in accordance with bye-laws made under the Children and Young Persons Act, 1933 (as amended by Education Act, 1944).

Children of compulsory school age are allowed to undertake early morning work for up to one hour as well as doing work after school hours.

125 children were examined by medical officers during the year to ensure that no child is employed at work that might be prejudicial to his health or interfere with his education.

The number of school children seeking part-time employment during the past ten years is shown by the number of medical examinations carried out as follows:

1958 ..	147
1959 ..	92
1960 ..	123
1961 ..	157
1962 ..	136
1963 ..	118
1964 ..	126
1965 ..	131
1966 ..	244
1967 ..	125

### *Other Examinations*

Medical examinations of the following groups were also carried out by medical officers during the year:

Teachers	48
Training College Candidates	115
Boarded-out Children	38

### *School Meals Service*

The following particulars relate to the number of children in attendance and the number of meals provided :

Total number of meals supplied to pupils and teachers	..	..	1,679,589
Total to pupils	..	..	1,508,886
Number of free meals supplied	..	..	103,173*
Number of meals to Nurseries and Special Schools	..	..	66,837
Number of meals to children at the above	..	..	57,037
Number of free meals to children at the above	..	..	5,178*

(\*included in total number of meals supplied).

The charge in 1966 was 1s. 0d. per meal and rose in 1967 to 1s. 6d.

### *Child Guidance Service*

I am indebted to Dr. K. Stewart, Consultant Psychiatrist for detailed information included in this section.

Clinical responsibility in the combined Child Guidance Service has been divided so that Dr. Phillips deals mainly with the north of the county and Dr. Stewart with the County Borough and the south of the county, but the non-medical staff are available to both areas. Dr. Phillips retains a weekly clinic in Northampton.

Because of the separation of clinical responsibility, the statistics presented are not comparable with previous Annual Reports. The figures do not indicate the training, educational and supportive work done by clinic staff with other professions. This has increased throughout the year and Dr. Stewart records an increasing demand for help in this work. Work at the two hostels for maladjusted pupils and at the John Greenwood Shipman Home has increased and there is need for more.

#### *Psychologists*

Mr. P. Gardner and Mr. T. P. G. Arnold were seconded for a year's special training in London, for the Diploma in Psychology. During their absence Mrs. K. Teafair and Miss S. B. Thompson acted as locum tenens. As is usual these psychologists spend most of their time (possibly up to as much as three quarters) in the school psychological service.

Dr. Stewart makes the point that an establishment of one senior educational psychologist and three educational psychologists is inadequate for the work to be done. He also finds that there is a need for a new appointment of child therapist.

#### *Social Work*

Miss F. M. Kinros was appointed social worker on 2nd October, 1967, and there are now one senior psychiatric social worker and two social workers in the establishment.

Again Dr. Stewart reports that the volume of work warrants an increase in the establishment.



## SCHOOL DENTAL SERVICE

*P. W. J. L. Thompson, L.D.S., R.C.S.*

*Principal School Dental Officer*

The satisfactory staffing position in the Dental Service was maintained during the year.

It seems an opportune moment to refer to our records for ten years ago (1957) the last full year that my predecessor was in post. In his report for 1957, Mr. J. P. Wilson stated, "There is a rapid deterioration in the dental health of the children despite all that is being done by the general dental practitioners to supplement the work done at the School Clinic".

Today the problem of the health of the children's teeth provides just as much a challenge and with additional staff it has been possible to save more teeth by fillings. In fact, the figures of extractions and fillings have almost exactly reversed giving a satisfactory ratio of fillings to extractions of  $2\frac{1}{2}:1$ .

This trend towards preserving teeth rather than extracting them is encouraging in that the public are becoming aware of the importance of saving teeth. However, the temptation to children to eat sticky foods between meals is encouraged to the extent of millions of pounds a year by commercial interests.

"A comparison of annual expenditure on dentistry with other selected items reveals a measure of consumer relative values:

Tobacco	..	..	..	..	..	..	..	£1,344,000,000
Alcoholic Drink	..	..	..	..	..	..	..	£1,317,000,000
Gambling	..	..	..	..	..	..	..	£905,000,000
Sugar, Preserves and Confectionery	..	..	..	..	..	..	..	£478,000,000
Dentistry	..	..	..	..	..	..	..	£75,000,000"

"Private and Public Enterprise in Dentistry an Economic Analysis". A. Ian Hamilton, M.A., D.D.S.

An important duty of public health dental officers is to carry out Dental Health Education. Within the very limited budget allowed for this work we have used most available opportunities to present the mothers of young children and school children with information on dental care. Leaflets and films from the Oral Hygiene Service, Ministry of Health and General Dental Council have been extensively used.

Until satisfactory preventive means are introduced for the control of what has been called "the most widespread disease in the world" (dental decay), we must continue to actively educate the public in dental health and the work of the dental surgeon will evolve from its present pattern of drilling and filling countless cavities in teeth to one of correcting abnormalities of the teeth and jaws and repair of damaged or broken teeth.

Such an ideal situation is unlikely to come about in the foreseeable future.

During the year the Principal School Dental Officer spent several days visiting manufacturers and discussing modern trends with a view to the designing and layout of the dental suite in the proposed new clinic premises in Welford Road.

The system of recalling patients three, four or six months after completing a course of treatment, appears popular with parents and children and enables the dental staff to maintain patients' mouths in a healthy condition. However, it has had the effect of delaying the routine school inspections and a means of overcoming this problem is being sought.

The Mobile Dental Surgery continues to provide facilities for dental treatment at peripheral schools and with a view to future developments and the need for treating handicapped persons it was taken to the John Greenwood Shipman Home and many of the severely handicapped children were given treatment.

*Dental Inspection and Treatment*

	<i>Ages</i>	<i>Ages</i>	<i>Ages</i>	
ATTENDANCES AND TREATMENT	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
First visit	1,075	755	113	1,943
Subsequent visits	1,139	1,885	260	3,284
Total visits	2,214	2,640	373	5,227
Additional courses of treatment commenced	167	93	20	280
Fillings in permanent teeth	763	1,659	294	2,716
Fillings in deciduous teeth	1,432	82	—	1,514
Permanent teeth filled	667	1,497	271	2,435
Deciduous teeth filled	1,362	63	—	1,425
Permanent teeth extracted	42	291	63	396
Deciduous teeth extracted	942	265	—	1,207
General anaesthetics	336	153	15	504
Emergencies	77	38	5	120
Number of pupils X-rayed			117	
Prophylaxis			280	
Teeth otherwise conserved			1,250	
Number of teeth root filled			4	
Inlays			—	
Crowns			29	
Courses of treatment completed			2,137	
ORTHODONTICS				
Cases remaining from previous year			71	
New cases commenced during year			25	
Cases completed during year			18	
Cases discontinued during year			4	
Number of removable appliances fitted			67	
Number of fixed appliances fitted			—	
Pupils referred to Hospital Consultant			62	
PROSTNETICS	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	2	6	6	14
Number of dentures supplied	2	6	6	14
ANAESTHETICS				
General anaesthetics administered by Dental Officers			Nil	
INSPECTIONS				
(a) First inspection at school— Number of pupils			4,859	
(b) First inspection at clinic— Number of pupils			2,127	
Number of (a) + (b) found to require treatment			3,998	
Number of (a) + (b) offered treatment			3,630	
(c) Pupils re-inspected at school or clinic			971	
Number of (c) found to require treatment			582	
SESSIONS				
Sessions devoted to treatment			840½	
Sessions devoted to inspection			63	
Sessions devoted to Dental Health Education			13½	



# MEDICAL INSPECTION RETURNS, 1967

## Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Nursery and Special Schools)

TABLE 33  
Periodic Medical Inspections

Age groups inspected (By year of Birth)	No. of pupils who have received a full Medical examination	Physical Condition of Pupils Inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part 2	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1963 and later	296	296	—	—	3	7	8
1962	995	995	—	—	15	65	58
1961	716	716	—	—	5	38	34
1960	112	112	—	—	2	2	3
1959	29	29	—	75	1	3	2
1958	622	622	—	221	8	27	31
1957	340	340	—	136	5	14	17
1956	93	93	—	31	1	1	1
1955	31	31	—	3	—	—	—
1954	166	166	—	—	3	1	2
1953	964	964	—	—	11	7	16
1952 and earlier	666	666	—	—	14	4	10
Totals	5,030	5,030	—	466	68	169	182

TABLE 34  
Other Inspections

Number of Special Inspections	..	..	..	..	..	..	307
Number of Re-inspections	..	..	..	..	..	..	1,218
Total	..	..	..	..	..	..	1,525

TABLE 35  
Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons .. .. .	34,095
(b) Total number of <i>individual</i> pupils found to be infested .. .. .	195
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .	195
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .	—

TABLE 36  
Defects Found by Periodic and Special Medical Inspections During the Year

Defect Code No.	Defect or Disease	Periodic Inspections								Special Inspections	
		Entrants		Leavers		Others		Total		Requiring	
		Requiring Treat.	Observ.	Requiring Treat.	Observ.	Requiring Treat.	Observ.	Requiring Treat.	Observ.	Treat.	Observ.
4	Skin .. .. .	4	29	1	68	2	34	7	131	675	82
5	Eyes— <i>a.</i> Vision .. .. .	14	132	24	146	17	84	55	362	78	—
	<i>b.</i> Squint .. .. .	4	36	1	4	1	7	6	47	—	—
	<i>c.</i> Other .. .. .	—	7	3	17	—	8	3	32	115	7
6	Ears— <i>a.</i> Hearing .. .. .	34	181	3	23	2	26	39	230	163	—
	<i>b.</i> Otitis .. .. .	—	—	—	—	—	—	—	—	—	—
	<i>Media</i> .. .. .	3	51	—	9	—	16	3	76	—	—
	<i>c.</i> Other .. .. .	1	16	—	33	1	9	2	58	9	—
7	Nose and Throat .. .. .	9	219	—	49	4	68	13	336	3	—
8	Speech .. .. .	23	67	—	5	1	17	24	89	7	5
9	Lymphatic Glands .. .. .	3	64	—	4	1	12	4	80	—	—
10	Heart .. .. .	3	71	6	53	—	18	9	142	2	—
11	Lungs .. .. .	—	62	—	23	3	25	3	110	—	—
12	Developmental— .. .. .	—	—	—	—	—	—	—	—	—	—
	<i>a.</i> Hernia .. .. .	1	6	—	—	—	—	1	6	2	—
	<i>b.</i> Other .. .. .	4	64	1	55	4	27	9	146	47	3
13	Orthopaedic— .. .. .	—	—	—	—	—	—	—	—	—	—
	<i>a.</i> Posture .. .. .	7	7	—	—	14	30	21	37	—	—
	<i>b.</i> Feet .. .. .	13	31	—	3	5	13	18	47	17	—
	<i>c.</i> Other .. .. .	2	26	—	19	—	16	2	61	1	1
14	Nervous System— .. .. .	—	—	—	—	—	—	—	—	—	—
	<i>a.</i> Epilepsy .. .. .	—	7	—	2	—	2	—	11	1	—
	<i>b.</i> Other .. .. .	—	7	—	16	—	5	—	28	1	—
15	Psychological— .. .. .	—	—	—	—	—	—	—	—	—	—
	<i>a.</i> Development .. .. .	—	19	—	17	—	25	—	61	107	5
	<i>b.</i> Stability .. .. .	4	58	1	41	2	60	7	159	4	—
16	Abdomen .. .. .	—	9	—	26	—	3	—	38	1	—
17	Other .. .. .	—	4	—	20	—	3	—	27	1	—

*Treatment of Pupils Attending Maintained  
Primary and Secondary Schools  
(Including Nursery and Special Schools)*

TABLE 37  
Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. ..	115
Errors of refraction (including squint) .. .. .	634
Total .. .. .	749
Number of pupils for whom spectacles were prescribed .. .. .	304

TABLE 38  
Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear .. .. .	—
(b) for adenoids and chronic tonsillitis .. .. .	286
(c) for other nose and throat conditions .. .. .	—
Received other forms of treatment .. .. .	—
Total .. .. .	286
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1967 .. .. .	4
(b) in previous years .. .. .	29

TABLE 39

											<i>Number of cases known to have been treated</i>
(a)	Pupils treated at clinics or out-patients departments .. .. .										194
(b)	Pupils treated at school for postural defects .. .. .										41
	Total .. .. .										235

TABLE 40  
Diseases of the Skin

[illegible]

TABLE 41  
Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics . . . . .	75

TABLE 42  
Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists . . . . .	94

TABLE 43  
Other Treatment Given

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments . . . . .	239
(b) Pupils who received convalescent treatment under School Health Service arrangements . . . . .	1
(c) Pupils who received B.C.G. vaccination . . . . .	1,230
Total . . . . .	1,470





# ENVIRONMENTAL HEALTH



## ENVIRONMENTAL HEALTH

*A. Robinson, M.A.P.H.I.  
Chief Public Health Inspector*

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Once again the year has seen continued progress in all fields and the number of visits made was even greater than last year. This was due to the additional staff recruited and it is hoped that next year the scope of our work will be widened still further.

Three senior public health inspector posts were created. The specialist posts of the Housing and Food inspectors were upgraded and a new post of senior district inspector established. It is hoped that adequate clerical assistance will be available for the section in the near future.

The pressures on the section are still great, not only from the backlog of work but also from the increasing tempo of other duties and I would like to express my appreciation of the continued support of all the staff.

### *Staff*

Mr. Boulter was appointed Senior Housing Inspector and Mr. Osborne was appointed Senior Food & Drugs Inspector in July, Mr. Roberts was appointed Senior District Inspector in September. Mr. Byers and Mr. Harris took up appointments as district public health inspectors in September and November respectively.

### *Health Education*

Various inspectors have given talks to local bodies, schools. 'in-service' training courses and have lectured along with my Deputy and myself on various courses which have been held. With the exception of the 'in-service' training courses and school talks all the talks and lectures were given 'after hours'.

A course on food hygiene was held at the College of Technology in the autumn for members of the food trade, mainly managerial and supervisory, who wished to obtain the Certificate of the Royal Society of Health and 70% of those who took the examination were successful. A course on food hygiene of shorter duration was also held earlier in the year for those who did not wish to take part in the Certificate courses.

### *Housing*

In addition to the demolition or closure of unfit dwellings, the repair of other houses has continued and this still forms an important part of the work.

Two applications for Certificates of Disrepair were received during the year.

### *Clearance Areas*

In June the five year clearance programme was again revised, thus maintaining the principle of a continuing programme. The published programme schedule of proposed clearance areas has been met and the following areas were represented during the year:

- (a) Letts Road (203 houses)
- (b) Oxford Terrace (10 houses)
- (c) Black Lion Hill (2 houses)
- (d) Cooper Street (35 houses)
- (e) St. Andrew's Street (3 houses)
- (f) Spring Gardens, Nos. 1, 2, 3 and 4 (35 houses)

- (g) St. Mary's Street, Nos. 3 and 4 (11 houses)
- (h) Doddridge Street (4 houses)

Public Inquiries were held by the Ministry of Housing and Local Government to consider objections to the following orders, on the dates shown in parentheses :

- (a) Arundel Street C.P.O. (9.5.67)
- (b) Priory Square C.P.O. (9.5.67)
- (c) Grafton Street (No. 2) C.P.O. (9.5.67)
- (d) Silver Street C.P.O. (29.6.67)
- (e) Campbell Street C.P.O. (29.6.67)
- (f) Lawrence Street C.P.O. (13.12.67)

The Public Inquiry into the Lawrence Street C.P.O. opened on the 13th December, and closed on the 3rd January, 1968, being adjourned for Christmas week.

The Minister of Housing and Local Government confirmed the following Orders during the year :

- (a) Devonshire Street C.P.O. (February)
- (b) School Yard C.O. (March)
- (c) St. Michael's Road C.O. (March)
- (d) Bullhead Lane C.O. (May)
- (e) Arundel Street C.P.O. (September)
- (f) Francis Street C.O. (September)
- (g) Priory Square C.P.O. (September)
- (h) Grafton Street (No. 2) C.P.O. (September)
- (i) Silver Street C.P.O. (November)
- (j) Campbell Street C.P.O. (November)

In the past five years 1,229 houses have been represented in Clearance Areas.

Demolition of the Adelaide Street, School Yard and the Mount Gardens areas has been completed. Demolition of the St. James' Street, Devonshire Street and Western Terrace areas is in progress.

Detailed inspections were completed on the Broad Street Clearance Area (12 houses) which will be represented early next year. Inspections have commenced in another area (132 houses) which will be represented later in the year.

In order to help owners and occupiers in proposed clearance areas a small booklet titled "Twenty Questions and Answers on Slum Clearance" was produced jointly with the Town Clerk's Department and copies distributed when detailed inspections were carried out. The booklet was well received, and it is hoped that it will dispel a number of fears and give owners and occupiers a better understanding of what is involved.

A considerable amount of time and effort has again been spent by the Department on this very important work.

The high proportion of owner occupied houses, even in clearance areas, means that a relatively higher number of objections are received than in many other similar authorities. This means an increase in 'principle grounds' inspections and longer Public Inquiries.

### *Individual Unfit Houses*

The Policy with regard to individual unfit houses has been maintained but it was found necessary to represent 13 individual houses and one part of a house during the year. Those included in proposed or declared clearance areas were materially worse than their neighbours and necessitated urgent action.

Twenty-one individual unfit houses were demolished during the year including 17 in clearance areas.

### *Improvement Areas*

In 1966 a pilot Improvement Area was declared consisting of 91 houses in Lower Hester Street. Formal Statutory action was implemented during the year with regard to all the tenanted houses. Sixteen immediate and fourteen suspended improvement notices were served.

#### *Estimated Effect of the Improvement Area*

It is estimated that :

- (a) by April next year 50 of the 91 houses in the area (i.e. 55%) will have been improved.
- (b) by 1972 at least 67 houses (74%) will have been improved.

This figure may well be higher if 'on the spot' persuasion of owner occupiers and increased publicity are carried out; particularly if this is accompanied by a desire on their part to improve their houses in company with the rest of the street. This has been the experience in other towns.

Nevertheless the position may not improve, if owner occupiers do not avail themselves of grant facilities since owner occupiers cannot be compelled by law to do so at the present time. The lower the percentage of tenanted houses in an area the fewer compulsory improvements can be made. In that context the term 'improvement area' is a misnomer since it becomes a matter of improved individual houses in an area rather than an improvement area. This will certainly not prevent deterioration of those houses which, without suitable action, may become so sub-standard as to warrant their closure or demolition. It is far more important to remedy basic structural defects such as rising dampness and defective roofs than to spend money on decorations to mask such defects.

It is hoped that the legislation will be amended to ensure that well built substantial homes are not allowed to fall into decay and are also provided with modern amenities.

### *Food and Drugs*

The organisation and efficiency of this section continued to improve and is reflected in the wider scope of the work carried out.

Several important items of legislation either came into force, or were laid before Parliament during the year. It is regretted that the Meat Staining and Sterilisation Regulations 1960 have not yet been amended to prohibit the sale of raw, unsound or diseased, meat for pet food.

### *Inspection of Food Premises*

All food premises have now been inspected and it is hoped that it will be possible to implement routine inspections in such a manner as to ensure that they are all visited at regular intervals. As can be seen from Table 47 a considerable number of visits have been made and 206 written notifications were sent to occupiers regarding contraventions of the Food Hygiene (General) Regulations, including 85 relating to the absence of wash hand basins and 20 relating to the absence of sinks.

### *Market Stalls and Delivery Vehicles Regulations, 1966*

These Regulations came into operation on 1st January and 143 vehicles have been inspected. It was necessary to ask for improvements in many cases. Northampton is fortunate in that there is a smaller number of such vehicles operating in the town than in many other similar Authorities.

Progressive action has been taken in respect of the Corporation controlled open and covered markets but owing to the financial expenditure involved, it will be some time before all the requirements are met.



### *Slaughterhouses*

One slaughterhouse closed down during the year and reduced to two, the number of slaughterhouses operating in the town. This is a very different picture to that which prevailed in 1957 when 11 slaughterhouses were registered. Each slaughterhouse was regularly inspected, thus maintaining a high standard of hygiene.

The Slaughterhouses Hygiene (Amendment) Regulations came into force on 1st February. One of the potential routes of cross contamination has always been the use of wiping cloths to remove excess moisture from carcasses after they have been washed. One of the principle requirements of the Regulations is that such cloths must be sterilised after use on each carcass and as from next year the use of wiping cloths will be completely prohibited.

### *Slaughter of Animals*

The names of 17 slaughtermen were on the register at the end of 1967.

### *Meat Inspection*

Although six slaughterhouses closed during the past five years it is interesting to note that, with the exception of sheep, the actual number of animals killed has remained fairly constant. This year 20,000 more sheep were killed due to the continued export of meat to the Continent. This again created problems of inspection due to intermittent and very heavy demands over short periods.

Table 44 gives the details of meat condemned. I am pleased to report that only 16 cases of tuberculosis were found in cattle and 12 of these were sent for slaughter because they had reacted to the test for tubercule. This is very different to the picture only ten years ago. At that time 21 carcasses and 1,102 part carcasses were condemned for this reason. This is the effect of the T.B. eradication policy throughout the country whereby all cattle suffering from this disease have been slaughtered.

The transmission of this disease by consumption of infected milk has been virtually abolished, when one considers the amount of human suffering which has resulted over the years, the success of this policy must be considered a major achievement in public health.

### *Poultry Inspection*

It has been possible this year to spend more time on the inspection of poultry. This does not come within the aegis of the Meat Inspection Regulations, but nevertheless there is a considerable amount of disease and abnormality in this type of food. There is only one small processing plant in the town, even so the kill is in the region of 28,000 birds per year. It is interesting to note that some of the larger poultry processors deal with this number of birds daily. After condemnation a detailed post mortem examination of unfit carcasses is undertaken in the department. Photographs of individual conditions and diseases are taken in order to build up a library for lectures and demonstration purposes.

Table 44 gives details of the numbers of birds killed and condemned.

The Senior Food and Drugs Inspector attended a specialist three day course in Poultry Hygiene Inspection at the University of Aston in Birmingham in October. This course was arranged by the Ministry of Health to ensure reasonable uniformity of poultry inspection.

### *Diseases of Animals (Waste Foods) Order, 1957*

In view of the serious outbreak of foot and mouth disease towards the end of the year, visits were made to all piggeries, etc., in the town. This was done to ensure that all premises coming within the aegis of this order were properly licensed and that all swill was being properly treated. It is hoped that regular inspections of these establishments will be carried out in the future.



RODENT CONTROL



## *Sampling of Food and Drugs*

### *Chemical Sampling*

289 samples (92 formal, 197 informal) were taken for submission to the Public Analyst under the Food and Drugs Act, 1955. Sampling continued to be taken on the basis of 3 per 1,000 population at least one-third being milk, the nature of the samples is given in Table 11.

#### *Milk*

The sources from which the above samples were obtained were varied in order to obtain representative samples. Two milk samples were found to be not genuine but both repeat samples were found to be satisfactory.

#### *Other Foods*

Only one informal sample was adversely reported on and a warning letter was sent.

## *Bacteriological Sampling*

#### *Milk*

Routine samples of milk were obtained each week during the year, from each of the two dairies in the town and from a dealer who receives milk from a dairy outside the area. In addition samples were obtained from various vending machines in the town and all were sent to the Public Health Laboratory for the following bacteriological tests to be carried out:

- (1) Phosphatase test
- (2) Methylene Blue test.

During the year several samples of sterilised milk which is sold in retail shops from sources outside the town were submitted to the Public Health Laboratory for the Turbidity test, which determines whether or not the milk has been adequately sterilised.

All except two samples were satisfactory. These failed the Methylene Blue test but repeat samples were satisfactory. One of these samples was from a dairy in the town the other from a vending machine supplied from an outside source. Following this investigation the vending machine was removed from the site.

#### *Other Foods*

Routine weekly bacteriological sampling of food stuffs was continued during the year. 186 samples were taken of foods which are particularly susceptible to food poisoning organisms, viz: cooked meats, cream confectionery, ice cream, etc. These samples were submitted to the Public Health Laboratory and some were found to be infected with pathogenic organisms. One investigation revealed contaminated processing machinery resulting in contamination of processed meat products retailed by the firm. Advice was given on the proper cleansing and sterilisation of the machinery. Repeat samples were found to be satisfactory, but continued observation will be maintained.

#### *Ice Cream*

Routine ice cream sampling again increased during the year and 60 samples were sent to the laboratory for the Methylene Blue test. The samples fell into the following categories: 52 Grade 1, 5 Grade 2, 3 Grade 3, and nil Grade 4. Grades 1 and 2 indicate a satisfactory standard of hygiene and 95% samples fell within these grades. Grades 3 and 4 indicate faulty hygiene in the manufacture, distribution or sale and routine investigations were carried out in these cases. Detailed investigations were undertaken in these cases and the appropriate advice given. All repeat samples proved satisfactory. A "Code of Practice" leaflet was prepared and distributed to all operators of mobile ice cream vans. The code of practice was displayed in each van and from the samples taken it would appear that the advice is being followed. There is only one ice cream manufacturer in the town but at the end of the year this factory had been demolished and a new modern factory was in process of construction.



### *Utensill and Equipment Swabbing*

Eighty swabs of cutlery, utensils and other equipment were taken from various food premises, in particular dairies, catering establishments and food manufacturing premises. The swabs were sent to the Public Health Laboratory for bacteriological examination.

This procedure is carried out to ensure that proper cleansing and sterilisation of equipment was being done. For example, if poor bacteriological results are obtained from processed meat, bacteriological samples and swabs taken throughout the process from raw material to the finished product enables us to pinpoint the source of infection.

### *Bacteriological Sampling*

No milk samples were taken for the detection of *Brucella Abortus*, Tubercle Bacilli or Antibiotics.

### *Food Complaints and Contraventions*

Eighty-three infringements, 79 resulting from complaints, were investigated. Due to the number involved these have not been reported on separately in this report but the following comments are made :

The samples which were unsatisfactory and reported on by the Public Analyst have already been dealt with in the appropriate section of this report. The consumer complaints comprise 11 cases of mould in confectionery and similar products, 10 cases of milk bottles which were dirty or contained foreign bodies, 17 cases of foreign bodies in a wide range of foodstuffs, 13 cases of infestations in foodstuffs, 9 cases of rancid stale and/or sour foods, 7 cases of unsound food and 12 miscellaneous food complaints. This year there was a slight decrease in the number of consumer complaints.

Once again the absence of proper stock rotation and disposal of stale goods has been a major source of trouble. Although every effort is made by the Inspectors to persuade retailers to introduce their own coding system particularly in self service stores, this practice is not widespread. We have found cases where meat pies have recirculated in an open type refrigerator display counter for three weeks before being sold and of course when such pies are opened they are found to be mouldy and unfit for human consumption. One of the dangers of this practice is that such pies may be eaten where the condition of the meat might not be seen, for example in cinemas, etc. With regard to stale foodstuffs we do ask retailers to break stale goods before placing them into trays for return to the bakery or before being placed in the dustbin. Too often when a complaint of this nature has been made the excuse is put forward that the particular food was sold from the stale return tray. This is carelessness on the part of employees. If the goods were broken they would be unsaleable and there is no reason why this practice should not be generally adopted in order to obviate this form of complaint.

I am pleased to report that in one of the major dairies in the town an automatic spotting machine was in the process of being installed at the end of the year. I commented last year on the fact that the weakest link in any modern dairy is that of the 'human spotter'. It is hoped that this automatic machine will stand up to the working conditions in the dairy and prevent further complaints of dirty bottles from this particular dairy.

One other interesting matter which was dealt with during the year was complaints regarding old stocks of corned beef which had been released for sale, where, due to the chemical reaction between the tin and the meat, 'Sulphiding' had occurred. This was an example of co-operation with my colleagues in other Authorities as my attention was drawn to the fact that a number of cases had been sent to Northampton for sale. We were thus able to deal with the matter before any were sold and in fact 300 tins were condemned.

All consumer complaints were fully investigated. Of these, 5 were found to be



unjustified. In 12 there was inconclusive evidence to warrant further action and 43 were from complainants who did not wish to take further action but were satisfied with the action taken on their behalf. Sixteen warning letters were sent and in 3 cases statutory proceedings were instituted.

#### *Unsound Food*

There were no seizures but 1,815 surrender notes were issued.

#### *Food Poisoning*

Eight cases of food poisoning were notified under Section 26 of the Food & Drugs Act, 1955, and 11 samples of suspected food were submitted to the Public Health Laboratory.

#### *Milk and Dairies*

Two dairy premises and 157 milk dealers were on the register at the end of the year.

#### *Ice Cream*

At the end of the year 143 ice cream premises were on the register.

#### *Liquid Egg (Pasteurisation) Regulations, 1963*

There are no egg pasteurisation plants in the district.

### *Water Supply*

The water undertaking is managed by the Mid-Northamptonshire Water Board of which Northampton County Borough is a constituent Authority. During the year a suitable piped water supply was provided to seven houses which had been served only by wells and there are now only three known houses in the Borough which are not supplied directly from the public mains. Ten houses, which were supplied by standpipe only, were demolished during the year.

The water supply to the area has been satisfactory both in quantity and quality.

Thirteen chemical analyses and the following bacteriological examinations were made by the Water Board, all of which proved satisfactory.

1. Pitsford Raw Water	..	..	..	..	..	..	80
2. Pitsford Sedimented Water	..	..	..	..	..	..	72
3. Pitsford Final Water	..	..	..	..	..	..	114
4. Ravensthorpe Final Water	..	..	..	..	..	..	125
5. Samples from distribution system in Northampton	..	..	..	..	..	..	43

A typical analysis of the Pitsford final water as received in the Northampton area is given in Table 22.

In addition 89 bacteriological and 2 chemical samples were taken by ourselves. One well water from an allotment garden proved unsatisfactory and a warning given that this should not be used for drinking purposes. All the mains water samples were satisfactory.

One fluoride determination was made of the Pitsford water during the year and gave the result of 0.25 pp.m. No decision has been made to additionally fluoridate the water supply.

The water is not liable to plumbo-solvent action—a fact which was checked during December following receipt of the Ministry of Housing and Local Government Memorandum.

There has been no contamination of the supply.

### *Swimming Baths*

Northampton has adequate swimming facilities, both indoor and open air. The public baths at Upper Mounts is a modern establishment whilst the open air swimming pool at Midsummer Meadow is a large sheet of water in pleasant surroundings.

There is also an indoor bath at Barry Road School and private open air pools at the Town and County Grammar School for boys, Weston Favell Secondary School, Duston Eldean Primary School, Booth Primary School and Lyncrest Infant School.

At the beginning of the year difficulty was encountered at Barry Road baths in maintaining the pH of the water at the required level which resulted in complaints from bathers. A full investigation accompanied by a series of tests was carried out at the request of the Director of Education. After the necessary remedial action was taken a considerable improvement in the quality of the water was achieved and this was maintained at a satisfactory level thereafter.

During the year the use of 'Orthotolodine' for testing the chlorine content of swimming bath water was discontinued by us because it has been shown that this chemical carries a carcinogenic risk. This chemical has now been replaced by the safer D.P.D. test.

Regular testing of the baths for Ph and residual chlorine content was carried out.

Twenty-eight bacteriological samples of water were taken. Two samples, one at the Midsummer Meadow bath and one at Booth County Primary School, were found to be unsatisfactory. Following remedial action, repeat samples were found to be satisfactory.

### *Drainage and Sewerage*

Sewerage disposal is the responsibility of the Borough Engineer but existing drains are tested and repaired under the supervision of the District Public Health Inspectors.

There are still a few properties on the outskirts of the town not connected to the main sewerage system. It is estimated that there are still some 5,000 dwellinghouses with non-flush closets in the town.

### *Sewerage Disposal*

The Purification Works at Great Billing is producing an effluent of reasonable standard and plans are being prepared for the extensions necessitated by the proposed Town Expansion.

Flows to the Purification Works during 1967 were as follows :

Average daily flow	..	..	..	..	8.38	Million	gallons	per	day
Average dry weather flow	..	..	..	..	7.74	,	"	"	"
Maximum storm flow	..	..	..	..	37	"	"	"	"

### *Sewerage*

During 1967, substantial progress was made on the sewerage scheme for Kingsthorpe Hollow, and a start was made on the scheme for the St. James' drainage area.

Due to the necessity for restricting capital expenditure, the progress on replacing aged combined sewers in the Central area has been restricted, but work has been carried out in College Street and Wellingborough Road prior to road reconstruction.

### *Public Cleansing*

This continued to be efficiently carried out under the direction of the Borough Engineer. Collections of household refuse and salvage are made twice weekly.

Dustbins are provided by the Local Authority for the use of householders free of charge under Section 75 (3) of the Public Health Act, 1936.

### *SMOKE ABATEMENT AND ATMOSPHERIC POLLUTION*

During the year it has not proved necessary to take any formal action in respect of the emission of dark smoke or grit. As occasion demanded visits were made to various industrial premises and improvement effected by interview and discussion with the management and employees. Advice was offered and accepted.

All plans, deposited with the Building Surveyor, giving information re intended installation of new fuel burning appliances in connection with industrial premises, were examined. 14 recommendations were made with regard to the height of new chimneys.

A large percentage of the total smoke emitted in a town is from domestic appliances and will so continue until effectually controlled.

### *Disinfestation Service*

All treatments carried out in dwelling houses are free of charge. Treatment of business premises is carried out by contract or in special cases after survey and an estimate of cost has been prepared, as special solutions may have to be purchased or made up to deal with the particular problem.

During 1967, 7 infestation of bed bugs, and 12 flea infestations were found. In addition 247 wasps nests and 19 ant or beetle infestations were dealt with. The work of disinfestation is carried out by the Disinfestation Officer under the supervision of the Public Health Inspectors and remedial methods are explained to owners when premises are treated so as to prevent re-infestation. During the months of June to September a considerable number of insect complaints were received and dealt with.

### *Rodent Control*

Two full-time rodent operatives work under my supervision. Their advice and help are at the service of any occupier or owner of any dwellinghouse or business premises free of charge. Only poisons approved by the Ministry of Agriculture, Fisheries and Food are used.

Numerous complaints relate to pests other than rats, such as rabbits, moles, pigeons and bats. A lot of this work is carried out at dusk, during the hours of darkness and in the early morning and could only have been achieved by the willingness of the operator concerned to give up his time for the purpose. These treatments are also carried out free of charge.

Routine sewer treatments were again carried out using Warfarin.

3,025 visits were made by the Rodent Operatives in addition to 378 visits by Public Health Inspectors. Table 53 gives details of this work.

A photograph of routine poison treatment of sewers by the Rodent Operatives is shown opposite Page 52.

### *Pet Animals*

11 shops or stalls were licenced as pet shops. Each licence specifically states the types of animals allowed to be sold. The premises were visited by the Public Health Inspectors and reported on regarding accommodation and general welfare of the animals.

### *Factories*

Table 52 gives particulars of premises on the register and work done under the Factories Act, 1937 in the form prescribed by the Ministry of Labour.

### *Offensive Trades*

At the end of December, 1967, there were three names on the list of proprietors of offensive trades under Section 107, Public Health Act, 1936.

### *The Caravan Sites (etc.) Act, 1960*

There are 5 licensed sites in the County Borough. The problem which arises from time to time is that created by scrap dealers and others who live in caravans and park on vacant land.

### *Rag, Flock and Other Filling Materials*

No flock is manufactured in Northampton, but 11 premises where flock is used are registered under the Rag, Flock and Other Filling Materials Act, 1951.

### *Noise Abatement*

Only isolated complaints were received during the year, of nuisances occurring under the Noise Abatement Act, 1960. These were either dealt with informally or where the Inspector was unable to prove that a nuisance existed the person making the complaint was advised to take independent action.

### *Offices, Shops and Railway Premises Act, 1963*

#### *General Administration*

The total number of registered premises at the end of the year was 1,818 which was 17 less than at the end of last year. An indication of the importance of this legislation is the fact that it directly affects the health, welfare and safety of the persons who work in the above premises. The total number of visits carried out by all Inspectors was 2,127 which was 608 greater than last year.

Primary consideration has again been the general first inspection of as many premises as possible. It is hoped that all registered premises will have had such an inspection by the end of next year. The figure includes not only first inspections but also reflects the increased number of re-inspections and a great number of advisory revisits which have been requested by occupiers of premises.

I am pleased to report that the majority of the work required in the various offices of the Corporation has now been carried out.

The conditions found during the inspections have followed the same pattern as preceding years.

No major problems were found with regard to overcrowding the supply of drinking water, clothing accommodation, sitting and eating facilities and first aid requirements. I do consider, however, that comment should be made concerning the following matters:

#### *Cleanliness*

In many premises, stock rooms above and behind the shop present a very neglected appearance because of broken and missing wall and ceiling plaster, dirty and flaking decoration allied with layers of dust and accumulated rubbish. Far too often this pattern extends to the rear yard with neglected outbuildings and accumulations of rubbish which encourages rats and other vermin.

#### *Temperature*

When premises are inspected during the summer months it is often difficult to check whether the heating will be sufficient in the winter. With the need to complete first inspections and to follow up other works there is not time at the moment to concentrate on this problem. Spot checks on doubtful premises are carried out during cold weather and although it may appear a minor requirement it is important that thermometers be provided. Unfortunately this provision is lacking in many premises.

#### *Ventilation*

It has been found that ventilation problems occur most often in basements, internal offices or cubicles and at the rear of shops which are long and narrow.









*Lighting*

The standard still continues to be low particularly in stock rooms, stairs and passages.

*Sanitary Conveniences*

The problem is not usually of adequacy but of lack of intervening ventilated spaces between toilets and other rooms.

*Washing Facilities*

In this case also there has been adequate provision of fitments made in most cases but not for the adequate supply of hot water to them.

*Floor, Stairs and Passages*

These continue to create our biggest problem. Far too often floors and passages are worn and uneven or covered with torn or lifted material which creates a trip hazard. In some cases they have been so highly polished that it is difficult to walk on them without slipping. Stairs have been found with broken or badly worn treads and missing or broken handrails. Obstruction of stairs and passages with stock, cleaning materials, etc., is very common, particularly on the lower flights of stairs in shops. In some cases stock has been found not only on every stair tread but also taking up most of the width of the tread.

*Fencing of exposed parts of machinery*

It has been found that only in very few cases have proper guards been fitted except on machinery purchased since the coming into operation of the Act. In offices the problem is usually the guarding of guillotines and printing machines and in shops the guarding of food slicers, mincing machines and V. belt drives on refrigerator compressors.

*Information for Employees*

The Act requires that certain information be given or be available to all employees either by displayed notices or by individual booklet. In very few cases has this been done.

*Accidents*

In my last report I indicated that there was a possibility that an accident prevention group would be established primarily concerned with accidents under this Act. This would have been on similar lines to the Northampton District Industrial Accident Prevention Group and like them affiliated to the Royal Society for the Prevention of Accidents. I regret to say that due to the closure of the area offices of the Society no further action was taken in this matter.

Forty-two accidents were notified to us during the year. I am convinced that these are not the only accidents which actually occurred. Many accidents are not notified either through ignorance of the statutory requirements to do so or by neglect or misunderstanding by the firms concerned.

Investigation of notified accidents has revealed that the main causes were misuse of hand tools, falls on the same level (usually slippery floors), badly handling goods and falls on or from stairs and ladders. It is interesting to note that the accidents concerning machinery were only 7.14% of the accidents investigated. This is probably due to the smaller percentage of employees using machinery. A firm was prosecuted during the year following an accident involving an unfenced bacon slicer. The firm was found guilty and a fine of £10 with £10 10s. 0d. costs was imposed.

A photograph of one result of using unguarded machinery is shown opposite page 116.

One fatal accident occurred due to a loaded vehicle standing within a premise

(within our purview) which moved under its own volition and crushed the driver of another vehicle against his own vehicle, which was parked on the street outside. As this accident occurred outside the premises it was not recordable.

The investigations revealed that most of these accidents need not have happened. More education is needed with regard to the prevention of accidents and this could have been best achieved by an Accident Prevention Group. Although advice is given at the time of inspection I do not feel that this is the proper answer and more effort is needed by individual firms. For example it has been noted that passageways in warehouses are not always clearly defined, are not always wide enough, are often obstructed and stock is not always stacked in a safe manner. With the increased use of fork lift trucks in such premises there must be a risk of bringing down stacks, with all the consequent dangers, when the passageways are unsuitable.

#### *Conclusions*

This report is once again in general terms. Although a lot of time and effort is being made in the implementation of the Act the co-operation of many occupiers has been most gratifying. This is reflected in the number of advisory visits requested. Once again premises have ranged from very satisfactory to poor and it must not be inferred from my comments that all unsatisfactory conditions are necessarily found in all premises.

TABLE 44  
Carcases and Offal Inspected and Condemned in Whole or in Part

	<i>Cattle Exclud- ing Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Totals</i>
Number killed ..	5,615	203	589	50,610	19,254	—	76,271
Number inspected ..	5,615	203	589	50,610	19,254	—	76,271
<i>All diseases except Tuberculosis and Cys- ticerci:</i>							
Whole carcases con- demned .. ..	6	5	35	36	20	—	102
Carcases of which some part or organ was condemned ..	1,894	81	45	4,203	3,169	—	9,392
Percentage of the number inspected af- fected with disease other than Tuber- culosis and Cysti- cerci .. .. .	33·8	42·3	7·6	8·3	16·4	—	12·3
<i>Tuberculosis only:</i>							
Whole carcases con- demned .. ..	—	—	—	—	1	—	1
Carcases of which some part or organ was condemned ..	8	8	—	—	112	—	128
Percentage of the number inspected af- fected with Tuber- culosis .. ..	0·1	3·9	—	—	0·6	—	0·2
<i>Cysticercosis:</i>							
Carcases of which some part or organ was condemned ..	9	1	—	186	—	—	196
Carcases submitted to treatment by re- frigeration .. ..	9	1	—	—	—	—	10
Generalised and totally condemned .. ..	—	—	—	—	—	—	—

**TABLE 45**  
**Poultry Inspected and Condemned at Processing Premises**

	<i>Hens</i>	<i>Chickens</i>	<i>Cockerels</i>	<i>Totals</i>
Number killed .. .. .	22,578	5,691	192	28,461
Carcases condemned .. ..	548	54	2	604
Percentage of the number killed affected with disease .. ..	2.42	0.9	1.0	2.12

Number of poultry processing premises within the district ..	1
Number of visits to these premises	52

**TABLE 46**  
**Unsound Food Voluntarily Surrendered**

<i>Nature of Food</i>	<i>Weight</i>			
	<i>Tons</i>	<i>cwt.</i>	<i>qr.</i>	<i>lb.</i>
Beef, home killed .. .. .	2	15	2	2
Mutton, home killed .. .. .	—	19	3	20
Offal, home killed .. .. .	23	9	1	12
Pork, home killed .. .. .	1	16	2	19
Veal, home killed .. .. .	1	4	2	21
Poultry, home killed .. .. .	1	12	2	20
Other foods: including tins, jars and packets of food .. .. .	7	7	3	1
Total .. .. .	39	6	2	11

1,815 surrender notes were issued in connection with the above food.  
There were no seizures



TABLE 47  
Food Hygiene (General) Regulations, 1960  
Details of Premises by Main Trade

	<i>Number of Premises</i>	<i>Number of Premises fitted to comply with Reg. 16</i>	<i>Number of Premises to which Reg. 19 applies</i>	<i>Number of Premises fitted to comply with Reg. 19</i>
Food factories	20	20	20	19
Chemists	35	23	35	26
Licensed premises	151	111	134	113
Sweet shops	61	54	36	34
Fish shops	58	46	58	49
Bakers/confectioners	69	56	67	54
Cafes and canteens	112	98	112	101
Butchers	134	109	134	111
Greengrocers/fruiterers	64	51	61	55
Grocers	351	249	314	260
TOTALS	1,055	817	971	822

TABLE 48  
Food and Drugs—Samples taken for Analysis

Nature of Sample	Formal		Informal	
	Total number	No. not genuine	Total number	No. not genuine
Baby Foods .. .. .	—	—	1	—
Beef Stock Tablets .. .. .	—	—	1	—
Beverages .. .. .	—	—	14	—
Black Pudding .. .. .	—	—	1	—
Bread .. .. .	—	—	1	—
Breadcrumbs .. .. .	—	—	1	—
Butter .. .. .	—	—	1	—
Caraway Seeds .. .. .	—	—	1	—
Celery Salt .. .. .	—	—	1	—
Cheese .. .. .	—	—	1	—
Cheese (Processed) .. .. .	—	—	5	—
Cheese Sauce .. .. .	—	—	2	—
Cloves .. .. .	—	—	1	—
Colourings and Flavourings .. .. .	—	—	6	—
Confectionery .. .. .	—	—	9	1
Cooking Fat/Lard, Dripping .. .. .	—	—	3	—
Cream .. .. .	—	—	4	—
Cream Cheese .. .. .	—	—	1	—
Curry Powder .. .. .	—	—	3	—
Custard Powder .. .. .	—	—	1	—
Drugs, Pastilles, etc. .. .. .	—	—	15	1
Fish (Canned) .. .. .	—	—	2	—
Flours .. .. .	—	—	2	—
Fruit (Dried) .. .. .	—	—	1	—
Fruit Pies .. .. .	—	—	3	—
Garlic Salt .. .. .	—	—	1	—
Gelatine .. .. .	—	—	2	—
Gourmet Powder .. .. .	—	—	1	—
Gravy Salt .. .. .	—	—	2	—
Ground Almonds .. .. .	—	—	3	—
Horseradish .. .. .	—	—	2	—
Ice Cream .. .. .	—	—	1	—
Ice Cream Powder .. .. .	—	—	3	—
Jams, Preserves .. .. .	—	—	4	—
Jellies .. .. .	—	—	5	—
Margarine .. .. .	—	—	4	—
Marzipan .. .. .	—	—	1	—
Mayonnaise .. .. .	—	—	2	—
Meat Products (Canned) .. .. .	—	—	28	—
Meat Products (Open) .. .. .	—	—	13	—
Milk .. .. .	92	2	—	—
Milk, Condensed, Evaporated .. .. .	—	—	3	—
Mint .. .. .	—	—	1	—
Mustard .. .. .	—	—	2	—
Onions (Dried) .. .. .	—	—	1	—
Onion Salt .. .. .	—	—	1	—
Orange Flower Water .. .. .	—	—	1	—
Peas (Split) .. .. .	—	—	1	—
Peppers, Spices .. .. .	—	—	3	—
Potatoes (Canned) .. .. .	—	—	1	—
Potatoes (Chipped) .. .. .	—	—	1	—
Potatoes (Instant Mashed) .. .. .	—	—	1	—
Puddings .. .. .	—	—	6	—
Rennet .. .. .	—	—	1	—
Rice .. .. .	—	—	2	—
Seasonings .. .. .	—	—	5	—
Soup .. .. .	—	—	3	—
Sweets .. .. .	—	—	4	—
Tomato Chutney .. .. .	—	—	1	—
Tomato Piquant .. .. .	—	—	1	—
Tomato Puree .. .. .	—	—	1	—
Vinegar (Cider Apple) .. .. .	—	—	1	—
Water .. .. .	—	—	2	—
Wine .. .. .	—	—	1	—
TOTALS .. .. .	92	2	197	2

TABLE 50  
Summary of Routine Work of the Inspectorate

<i>Nature of Visit, Inspection, etc.</i>	<i>Number of Visits etc.</i>
<i>General Sanitation</i>	
Drainage .. .. .	3,457
Stables and piggeries, etc. .. .. .	8
Offensive trades .. .. .	10
Houses let in lodgings .. .. .	266
Tents, vans, sheds, etc. .. .. .	107
Factories .. .. .	135
Outworkers .. .. .	—
Public conveniences .. .. .	2
Cinemas, theatres, etc. .. .. .	—
Accumulations of refuse, etc. .. .. .	167
Rodent control .. .. .	378
Smoke abatement .. .. .	161
Schools .. .. .	4
Offices and Shops .. .. .	2,127
Miscellaneous sanitary visits .. .. .	2,544
Pet animals .. .. .	22
Noise abatement .. .. .	125
Office Interviews .. .. .	767
<i>Housing</i>	
Under Public Health Acts:	
Houses inspected .. .. .	706
Revisits .. .. .	1,396
Under Housing Acts:	
Houses inspected .. .. .	1,052
Revisits .. .. .	1,763
Under Rent Act, 1957:	
Houses inspected .. .. .	7
Revisits .. .. .	4
Overcrowding:	
Houses inspected .. .. .	42
Revisits .. .. .	10
<i>Notifiable Diseases</i>	
Inquiries into cases .. .. .	35
Revisits .. .. .	75

*Continued on next page*

Nature of Visit, Inspection etc.	Number of Visits, etc.
<b>Meat and Food Inspection</b>	
Inspection of meat and food:	
Visits to slaughterhouses	1,104
Visits to shops and stalls	700
Visits to other premises	151
Visits to:	
Restaurants, canteens, etc.	305
Licensed premises	188
Ice cream premises	56
Food preparing premises	75
Market stalls	635
Dairies and milk distributors	112
Fried fish shops	58
Bakehouses	32
Street vendors and hawkers	143
Retail Shops	1,456
Diseases of Animals (Waste Foods) Order, 1957	24
<b>Sampling</b>	
Food and Drugs Act:	
Formal	100
Informal	211
Bacteriological:	
Ice Cream	61
Other foods	146
Milk (statutory tests)	244
Water	149
Fertilisers and feeding stuffs	69
Rag flock	9
<b>Notices Served</b>	
Informal notices:	
Served	717
Complied with	836
Outstanding at end of year	232
Statutory notices:	
Served	120
Complied with	160
Outstanding at end of year	17
<b>Summary</b>	
Total number of inspections and visits (Inspectorate)	21,401
Total number of treatments and visits (other staff)	1,586

TABLE 51

*Typical Chemical Analysis*  
**MID-NORTHAMPTONSHIRE WATER BOARD**  
**NORTHAMPTON AND DAVENTRY AREAS**  
*Waters derived from Pitsford Reservoir*  
 Results expressed in Parts for Million (Mg/L)

Turbidity (A.P.H.A. units)	0.5
Colour (Hazen)	5
pH	8.0
Free Carbon Dioxide	3
Electric Conductivity (Reciprocal Megohms per cm.)	500
Dissolved Solids (Dried at 180°C)	375
Chlorine (as Chloride)	40
Residual Chlorine	0.1
Alkalinity (as Calcium Carbonate)	120
Hardness—Total 165                      Carbonate 120                      Non-Carbonate 45	
Nitrate Nitrogen 5	Nitrite Nitrogen—Absent
Ammoniacal Nitrogen 0.02	Albuminoid Nitrogen 0.12
Oxygen Absorbed 1.6	
Iron 0.03	Zinc, Copper, Lead, Manganese—Absent
Calcium (Ca) 55	Magnesium (Mg) 7
Silica (SiO <sub>2</sub> ) 5	Fluorides (F) 0.25

TABLE 52

Administration of the Factories Act, 1937

*1—Inspections made by the Public Health Inspectors for purposes of provisions as to health*

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>		
		<i>Inspections</i>	<i>Written notices</i>	<i>Occupiers prosecuted</i>
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority	39	6	2	—
(ii) Factories not included above in which Section 7 is enforced by the Local Authority .. .. .	701	118	7	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	—	—	—	—
TOTALS .. .. .	740	124	9	—



TABLE 52—*continued*2—*Cases in which defects were found*

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ..	—	—	—	—	—
Overcrowding (S.2) .. ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) .. .. .	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .. ..	—	—	—	—	—
(b) Unsuitable or defective ..	13	8	—	11	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. ..	—	—	—	—	—
TOTALS .. .. .	13	8	—	11	—

3—*Outwork (Sections 133 and 134)*

<i>Nature of Work</i>	<i>Section 133</i>			<i>Section 134</i>		
	<i>No. of out-workers in August list</i>	<i>Cases of default in sending lists</i>	<i>Prosecutions for failure to supply lists</i>	<i>Instances of work in unwholesome premises</i>	<i>Notices served</i>	<i>Prosecutions</i>
Making, etc., of wearing apparel	49	—	—	—	—	—
TOTALS ..	49	—	—	—	—	—

TABLE 53  
Prevention of Damage by Pests Act, 1949

	<i>Type of Property</i>	
	<i>Non-Agricultural</i>	<i>Agricultural</i>
Total number of properties (including nearby premises) inspected following notification .. .. .	1,338	81
Number infested by (i) Rats .. .. .	1,135	73
(ii) Mice .. .. .	183	2
Total number of properties inspected for rats and/or mice for reasons other than notification .. .. .	322	8
Number infested by (i) Rats .. .. .	316	8
(ii) Mice .. .. .	4	0
Number of re-inspections .. .. .	1,265	11
Number of visits with Public Health Inspector .. .. .	150	0

## *HEALTH SERVICES ORGANISATION IN A LOCAL HEALTH AUTHORITY*

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In England and Wales, local health authorities for the purpose of the National Health Service are the County Councils and County Borough Councils. They are also Local Education Authorities under the Education Act 1944, responsible for the School Health Service, i.e. periodic medical and dental inspections, and ascertainment of handicapped children from two years of age. Nearly all Medical Officers of Health are also Principal School Medical Officers. The same Authorities are also Local Welfare Authorities under the National Assistance Act 1946, responsible for providing residential accommodation for the elderly, the handicapped and the homeless and for general social services including 'meals on wheels' for the aged and physically handicapped. In approximately half of these authorities these services are the responsibility of the Medical Officer of Health, in the remainder they are the responsibility of a separate Director of Welfare Services. A considerable number of medical officers of health therefore combine these three responsibilities—health, school health and welfare services. A further complication is that County Boroughs are responsible for environmental health services, i.e. purity of water supplies, prevention of nuisances, epidemiology—including the control of infectious diseases, the control of food and drugs, unfit houses and slum clearance, whereas in the County these are the responsibility of District medical officers of health.

Within the National Health Service the medical officer of health, in association with the family doctor and hospital services, is responsible for a wide range of health and welfare services—for expectant mothers, pre-school children, school children, mentally handicapped, physically handicapped and the elderly. He is also responsible for certain preventive services—health education, vaccination and immunisation and screening for pre-symptomatic disease, although these involve the other two branches of the Health Service. He has no responsibility for students attending University or Training College, for industrial health or for the health of the middle-aged, even in the local authority which employs him!

### *Local Health Authorities—Responsibilities*

Under the National Health Service Act 1946, specific responsibilities are placed on local health authorities—health centres; care of mothers and young children; domiciliary midwifery, health visiting and home nursing services; domestic help; vaccination and immunisation; mental health and certain preventive and community care services.

#### *1. Health Centres*

The National Health Service Act does not define a 'Health Centre' but it was apparently intended to be a place where all three branches of the Health Service might meet and work together. In general, medical practitioners have been reluctant to consider moving to Health Centres, fearing loss of independence. There are still only about thirty Health Centres in England and Wales, although the Minister of Health has indicated a great increase in local authority plans for Health Centres—between 400 and 500 new Health Centres within the next ten years! In some areas, however, there is still opposition to them and local authorities willing to build them are finding no demand for them from local general practitioners. Nevertheless a number of excellent examples exist.

## 2. *Care of Mothers and Young Children*

This is predominantly an advisory service developed at the beginning of the century in response to the heavy loss of infant life (I.M.R. 190 per thousand). The role of the Child Welfare Service has been increasingly questioned particularly by those who are unaware that the emphasis has changed from advice on infant feeding and care to regular screening and developmental assessment of the infant's progress—motor, adaptive, social, hearing and speech, coupled with special attention to those infants known to be 'at risk' of developing handicapping conditions.

In the long run such services (including the School Health Service) should be part of a family health service provided by the family doctor working in purpose-built centres, making full use of the special skills acquired by the local authority staff in this field. This is underlined in a recent report of the Central Health Service Council on the future of child welfare centres.

## 3. *Health Visiting*

The health visitor is a trained nurse whose prime function is to provide health education and social advice for the family, the aged and the handicapped. Increasingly she undertakes routine screening of babies for phenylketonuria, detection of hearing loss, and selective visitation of 'at risk' children. Her work is less well known to the family doctor than her colleagues—the domiciliary midwife and district nurse, but increasingly local authorities are attaching health visitors to group practices rather than confining their activities to purely geographical areas.

## 4. *Community Nursing*

The domiciliary midwife and district nurse differ from the health visitor in still undertaking practical nursing and in working directly under the family doctor. Already therefore they have close contact with him and there is less need for schemes for attachment. With the increase in the number of general practitioner maternity beds and the increasing practice of early discharge of mother and baby from hospital, the fall in domiciliary births could endanger the present domiciliary midwifery service.

Despite the emphasis on community care and early discharge from general hospital, there is still no evidence that general practitioners are making anything like the demands on home nurses that might be expected. One feels that more research is required into the delivery of health care—who does what, how well is it done, where is it done and what does it cost? It would appear largely unnecessary for doctors to be concerned with the actual giving of injections. This is seldom done in hospital even when dangerous drugs are administered.

## 5. *Vaccination and Immunisation*

The occurrence of nineteen cases of diphtheria and twenty-one cases of poliomyelitis in England and Wales in 1966 indicates that local authorities are far from complacent. This service is shared between the family doctor and the local authority, the choice being left to the parent. Increasing use is being made of computers to enable effective control to be exercised at all stages and also to assist family doctors with the clerical side by undertaking the time consuming tasks of inviting patients to the surgery, checking defaulters, completion of records, etc. Whilst most local authorities use computers in their own Treasurer's Department, the idea of a computer service available to all branches of the Health Service has much to commend it.

## 6. *Mental Health*

The main principles on which mental care in England and Wales are based are that the emphasis should be shifted so far as possible from institutional care to care in the community, and that so much treatment as possible should be on a voluntary basis.

The establishment of comprehensive 'community care' has placed specific responsibilities on local authorities:

- (i) The provision of residential accommodation for:
  - (a) sub-normal or maladjusted young persons;
  - (b) patients discharged from hospital still requiring some support;
  - (c) elderly mentally infirm or confused persons not in need of hospital care.
- (ii) Training and Industrial Centres for:
  - (a) children unable to benefit from formal education, and
  - (b) mentally handicapped adults unable to obtain employment.

The latter were formerly occupational in nature but considerable progress has been made in this field in obtaining suitable contract and assembly work from local industrial firms for which the trainees receive some remuneration.

- (iii) Ancillary services such as social clubs, day centres, special care units for very severely physically or mentally handicapped children, holidays and the appointment of mental welfare officers to provide support for patients and their families in the community.

## 7. *Prevention*

The precise functions of local authorities in this field are not strictly defined. In general they are:

- (i) to assist the family doctor and relatives in looking after patients being cared for at home, e.g. loan of nursing equipment, laundry service for incontinent patients, night sitters-up service, chiropody for the elderly, and
- (ii) in the preventive field—family planning on medical and social grounds; 'well-women clinics', where cervical cytology is supplemented by clinical examinations for other forms of cancer, e.g. breast and ovary; advisory clinics for the elderly. One local authority has run annual 'Health Weeks' for the detection of early signs of chronic disease in adults of working age. Such schemes require the closest co-operation between the local authority, hospital and family doctor.

## 8. *Ambulance Service*

Local Authorities are required to provide ambulance and other means of transport, where necessary, for the conveyance of persons suffering from illness or mental subnormality and for expectant and nursing mothers, usually to and from hospital. No charge is made to the patient. As the hospital services have expanded, e.g. day hospitals, there has been increasing demand for ambulance transport but the increasing use of radio contact has given greater flexibility to the service. Recently, opinions have been expressed that insofar as the major user of this service is the hospital it should be administered by them.

## 9. *Domestic Help*

This service is intended as a temporary provision to cover illness in the family or for other reasons where additional assistance is necessary in the home. The greatest demands, not surprisingly, come from the increasing number of elderly and chronic sick being cared for at home. Assistance in this way and by 'meals on wheels' enable many elderly folks, frequently living on their own, to remain in the security of their own home who might otherwise require admission to a residential Home provided by the Local Authority or a voluntary organisation. Whilst there is power to charge for this service most Authorities now make no charge for elderly folks in receipt of retirement pensions.



### *General Practitioners and the Local Health Authority*

'Community care' envisages medical care provided by the family doctor supported by the health and welfare services of the local authority. Increasingly local authorities are planning their domiciliary nursing services—health visitors, home nurses and domiciliary midwives, to work more closely with the family doctors. The City of Oxford is probably the only local authority to have attained complete attachment of all these services to general practitioners. In most areas the situation is less advanced and less formal team arrangements are frequently found. It is interesting also that authorities are increasingly allowing 'cross boundary' visitation by domiciliary nursing staff since the family doctor is not restricted to local authority boundaries in his work.

### *Hospitals and Local Health Authorities*

Co-operation between hospital and local authority is obtained in a variety of ways. Joint appointments—where on the one hand medical officers of health and their staff are to be found working in hospitals and out-patient departments, and on the other hand geriatricians, paediatricians and psychiatrists hold sessional appointments with the local authority. Traditionally local authorities have had close contacts with Chest Clinics in the field of tuberculosis and with special Venereal Disease Clinics, particularly in relationship to contact tracing in the community. Increasingly there are co-operative arrangements with paediatricians with particular emphasis on developmental assessment of infants; with geriatricians in relation to transfer of patients between hospital and local authority Homes for the elderly with psychiatrists in relation to community care. The School Health Service has long had close working relationships with the various hospital Consultants. In some areas, hospital technicians, e.g. audiometricians, undertake routine screening of children for the local authority.

Probably the best example of co-operation between the three branches of the health service is in the field of the maternity service, e.g. early discharge of selected mothers and their babies from hospital within forty-eight hours of confinement, pioneered in Bradford, to enable expectant mothers who require hospital care to receive this despite an acute shortage of hospital beds. Such schemes require the most careful planning and co-operation between the three branches of the service.

Increase in the number of general practitioner maternity beds and the increasing practice of early discharge is leaving fewer home confinements for the domiciliary midwife. In some areas arrangements have been made for the domiciliary midwife to follow her booked cases into hospital to supervise the delivery. In other areas, short-stay units where the mother is merely admitted for delivery and discharged home in 6—12 hours are staffed by domiciliary midwives.

Similarly in the psychiatric field, pioneer schemes in Nottingham, Oldham and Salford are well known. Complete integration of social workers has been attained in Northamptonshire where they serve the needs of both the hospital and the local authority. In the geriatric field also the provision of day hospitals and half-way houses requires close liaison between the hospital and the local authority.

### *The Future*

After nineteen years it might be thought that any re-organisation of the Health Service would have been completed. It was perhaps inevitable that the three main divisions should develop independently since each is independent administratively and financially from the other two. Numerous examples of co-operation exist in different fields and whilst no-one denies the value of personal and informal contact and good-will it seems wrong that a fully co-ordinated Health Service should rely on this alone. It seems likely therefore that the next phase of development must be the attainment of closer co-operation of the three services.



The Minister of Health is now contemplating radical changes in the organisation of the National Health Service. The present system, whereby the hospital, general practitioner and local authority health services are administered by different authorities—the so-called tri-partite system, has been increasingly criticised since it has tended to drive the three sections of the medical profession apart, to impose too rigid an administrative structure and to inhibit helpful developments in medical care. The case for reform is obvious but what should take its place?

The idea of Area Health Boards which would be responsible for all medical services in its area was put forward by the Porritt Committee in 1962 but even this would only go part of the way towards a solution. Whilst unified control would ease some demarcation problems it would create others. Where would the line be drawn between health and other local authority services, e.g. welfare of the handicapped, which work closely together at the present time? Some demarcation would be required if the public health service were to be part of a unified health service. The Seebohm Committee, which is considering the future of local authority social services, is expected to report to the Minister of Housing shortly.

Then there is the question of public accountability. To whom should an Area Health Board be responsible? Directly to the Minister of Health and through him to Parliament? To a Public Corporation? Both are possible and both have disadvantages since in each local control would seem to be remote.

One solution would be for an Area Health Board to be responsible to the local authority under a reformed system of local government. This would only be feasible if sufficiently large local authorities were created, e.g. City Region and this would mean waiting for the Royal Commission on Local Government, which is expected to report next year. There is much to be said for waiting for the Minister of Health to put forward his ideas to be considered alongside those of the Seebohm Committee and the Royal Commission, since reform for all these fields must fit together if the best possible service is to be provided for the patient and his family.

*(Paper presented by Doctor W. Edgar at International Meeting at Belgano, Italy, on December 7th and 8th, 1967)*

## A SURVEY OF YOUNG CHRONIC SICK

During 1965 a request was received from the Ministry of Health to undertake in association with the Oxford Regional Hospital Board a survey of young chronic sick in Northampton in order to determine the number of such persons in the town and to enable an accurate assessment to be made of the present hospital needs of such a group. The assistance of local general practitioners was obtained and the Oxford Regional Hospital Board contacted hospitals likely to have such patients from Northampton in their care and the Health Department had records of those placed in residential establishments.

For the purpose of this survey young chronic sick included 'those between school leaving age and sixty years receiving essential long term care in hospitals for chronic illness or severe disability or who would require such hospital care if other appropriate facilities were not available'. Mental handicap, and severe physical disability not requiring hospital care, were excluded. The results of this survey are summarised in the following table:

Age	In Hospital		In Own Home		In Voluntary Home	
	M.	F.	M.	F.	M.	F.
16—30 years	—	—	2	1	2	—
31—40 years	—	1	3	3	—	1
41—50 years	3	2	4	5	—	1
51—60 years	2	10	3	5	—	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	5	13	12	14	2	2
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

TOTAL—48

Out of a total population of approximately 120,000 eighteen were in hospital, twenty-six in their own homes and four in voluntary homes. This represents an incidence of 0.4 per thousand total population. 78% were in the age range 41—60 years, and 60% were living in their own homes.

### Survey of Domiciliary Cases

The opportunity was taken in conjunction with Northamptonshire County Council Health Department to undertake simultaneously a rather more detailed survey of similar cases being cared for at home which might indicate to what extent

- (1) families were coping satisfactorily and with what resources and assistance,
- (2) available services were not being utilized,
- (3) existing accommodation was adequate for the needs of the disabled persons and what the demand for specially built accommodation might be,
- (4) any evidence of strain was present in the household,
- (5) foreseeable demand for long term hostel or hospital accommodation for this group could be determined.

For the purpose of this more detailed survey, young chronic sick were defined as being 'those between fifteen and sixty years of age who were prevented through physical handicap from leading normal lives or working in open competitive employment'. Persons who were mentally sub-normal, blind, deaf and dumb, or who were suffering from mental illness (except where this was secondary to physical disability) were excluded from the survey.

This survey was planned with the assistance of Dr. A. Barr, Statistician and Chief Records Officer, Oxford Regional Hospital Board, who subsequently analysed the individual survey forms completed by welfare officers in the Department, for every patient included in this survey.

A total of eighty-two persons being cared for at home were known to, or were subsequently notified to the Department, an incidence of 0.68 per thousand total population.

The disabilities covered a wide range, shown in Table 1. The commonest being conditions affecting the central nervous system which including disseminated sclerosis accounted for more than half (52%).

<i>Disability</i>	<i>Number of Patients</i>
Disseminated Sclerosis .. .. .	9
Old APM .. .. .	10
Conditions affecting CNS .. .. .	34
Arthritic conditions .. .. .	9
Musculo-skeletal conditions .. .. .	10
Cardiovascular conditions .. .. .	3
Malignant and Non-Malignant Tumours ..	—
Disease of respiratory system .. .. .	1
Old T.B. .. .. .	2
Miscellaneous .. .. .	3
No information .. .. .	1
<b>TOTAL .. .. .</b>	<b>82</b>

The duration of the various disabilities is shown in Table 2. Nearly 25% had suffered from severe handicap for over thirty-five years. This is not really surprising when non-progressive conditions of the central nervous system are found so frequently in this group.

<i>Duration of Disability (Years)</i>	<i>Number of Patients</i>
5	5
5—	14
10—	12
15—	10
10—	7
25—	5
30—	7
35+	20
Not stated	2
<b>TOTAL</b>	<b>82</b>

The age distribution amongst these patients is shown in Table 3. The majority (80%) were aged 35—65 years. Nearly 60% were over forty-five years. The preponderance of young chronic sick in Northampton is in fact middle age in 45—60 years.

<i>Age Group (Years)</i>	<i>Number of Patients</i>
15—	1
20—	8
25—	3
30—	4
35—	10
40—	7
45—	17
50—	12
55—60	16
62—63	3
Not stated	1
<b>TOTAL</b>	<b>82</b>

Only three were totally bedridden although a further twenty-one were chair-bound; twenty-seven were able to get about with help or by using crutches and thirty-one without any assistance. Approximately 25% were incontinent, twenty-nine required help with dressing, thirteen help with feeding, twenty help with toileting and thirty-one assistance with washing and bathing; twenty-one required heavy lifting and six required night attention. There is little doubt that many presented a heavy burden to their relatives.

Relatives provided by far the largest source of help—64; general practitioners—22; home helps—11 and home nurses—9. It is a little surprising that relatives are prepared to carry such heavy responsibility without more reference to the domiciliary services available. This may have been due to ignorance of the services and facilities available.

It might be thought that considerable strain would fall on relatives in these circumstances. Of the sixty-two cases where information was available only in six was the situation causing anxiety but in twenty-two, signs of stress were noted and efforts made to assist these families. Amongst the eighty-two patients it was considered that fourteen presented a need for further services and support and these have now been met.

Of the seventy-six cases where information was available only one was considered to be in need of hospital accommodation and three in need of residential accommodation at the time of the survey. With regard to the future, however, it was considered that five would certainly require and twenty-six would probably require permanent residential care of one kind or another in due course. Three of the patients have subsequently died.

At the time of the survey sixteen were in some form of employment, twenty-five were regarded as suitable for employment although unemployed and the remaining thirty-nine were considered unsuitable for employment.

### *Discussion*

It is not surprising that the two surveys have produced rather different incidences of young chronic sick in Northampton since the first was confined to those receiving or likely to need long term hospital care, and the figure of 0.4 per thousand total population is of value to the hospital authorities in planning provision of adequate hospital facilities for such patients.

The second survey relating to those being cared for at home or in residential homes in the community is of more interest to the Local Authority which is responsible for providing a variety of domiciliary and community services—domestic help, home nursing, skilled social workers, loan of nursing equipment, adaptations to the home, specially built accommodation, social centres, etc., to enable the patient to develop his potentialities to the full and enable his family to receive any advice, help or support which they require. This second group showed an incidence of 0.68 per thousand total population.

Although not numerous, young chronic sick patients have special difficulties to face in their daily lives—mobility, dependance upon others, unsuitability for employment, etc., and it is incumbent on the Local Authority to ensure that these patients and their families are familiar with all the services which may be of value to them. When admission to hospital is indicated this should ideally be planned well in advance, in order that the patient can adjust to the change of circumstances, and not be arranged hurriedly during a period of domestic crisis, particularly if the admission is to unsuitable geriatric hospital accommodation where the young chronic patient is placed in a ward predominantly for elderly and senile cases.

Where relatives, even with the support of the domiciliary services, are unable to cope with their increasing burden it may be necessary to arrange admission to a voluntary home, usually outside Northampton. Vacancies in such homes are not easily obtained and this need should be foreseen and plans made well in advance.

One particularly valuable aspect of this survey was that all young chronic sick in the town have been visited and are familiar with the facilities and services which are available. As a result of the survey fourteen were found in need of further assistance, varying from regular visiting, additional home help, constant hot water or special accommodation and these are receiving attention. In the twenty-two families showing signs of stress, more support was provided than would otherwise have been forthcoming. From the point of view of the patients concerned, and their families, the survey has proved a very practicable and valuable exercise by the Department. It is of interest that in both surveys, the majority of the so-called 'young chronic sick' were in fact over forty-five years of age.

It is not suggested that this survey is completely comprehensive since it only included those known to the Health and Welfare Departments, i.e. to health visitors, district nurses, home helps, and welfare officers and those included on the register of handicapped persons. The fact that the number on this register has increased from 199 in 1965 to 282 in 1967 illustrates the point.

I would wish to express my appreciation to Dr. A. Barr and his staff for their advice and help with this survey.





